

CHEMIST & DRUGGIST

the newsweekly for pharmacy

January 26, 1991



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Silicone Teat - Twin Pack



Silicone Nipple Shields



Rattle Soother



Rattle Soother Twin Pack



Nipple Cream



Safety Soother



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PSNC rejects 8pc DoH pay offer

Humberside FHSA reviews service from pharmacies

Tranquilliser class action gets go ahead

Pharmacy update on oncology

An insight into locum motives

Franchising: chapter and verse from Unichem

TODAY'S ANSWER TO PAIN



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CHEMIST & DRUGGIST

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& PHARMACY UPDATE

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COMMENT

An uneasy calm has settled over pharmacy wholesaling in recent months. Numark were signalling major developments at last year's Chemex but the substance of these changes has yet to be announced. AAH are uncharacteristically quiet while the newest player in the game, Medicopharma, have yet to break cover decisively with plans for Macarthy. Unichem have still to come up with the kind of innovative market challenges associated with their life as a friendly society. Current signs suggest that as a plc Unichem are keen to take their place in the existing framework of pharmacy wholesaling rather than to rock its foundations.

Their franchising plans reflect this outlook. Pharmacists must welcome a scheme which gives those pharmacists who otherwise might not get the opportunity, the chance to run their own show, even if the price is a certain loss of freedom compared to outright ownership. Nevertheless, at first sight the terms do not look over-generous though the proposed franchise fees of 8 to 10 per cent of turnover are in line with 10 per cent levied by AAH.

It may be that Unichem regard it as prudent to establish as much tied business as possible now that it is on the fabled

even playing field of free market competition; after all they are used to getting as much as 25 per cent of their total sales from pharmacists benefiting from their loan guarantees. But the company cannot be blamed for going down that route, especially with AAH reaping the same kind of rewards.

For the pharmacist the problem is a knottier one; their commitment to the wholesaler is less and their freedom to chase the keenest wholesale or producer prices is greater if they can secure the money to purchase through non-wholesaler guarantee schemes. Yet Unichem appear to have finessed this argument by concentrating their franchise schemes on larger pharmacies, likely to be out of reach of even financially sound pharmacists.

Ultimately anything that keeps pharmacists in business and more or less independent cannot be a bad thing, but there are other solutions as Tesco's are currently demonstrating. Their expansion of in-store pharmacy is being achieved by "minor relocations", giving a fresh lease of life to some of the pharmacies involved. But whatever the system employed, if it adds up to more choice for the independent, the outcome is to be welcomed.

Humberside review of rural pharmacy underway

Humberside Family Health Services Authority is undertaking a review of rural pharmacy to assess the demand for extended opening hours.

The move follows the increased number of evening surgeries being run by GPs under their new contract. It is likely to affect rural pharmacies in areas where there is no rota scheme and no extended opening at present.

Up to ten pharmacy contractors have been contacted by the FHSA asking for their views on the need for longer hours (*C&D* December 29, p1070). In addition, GPs, parish councils and community health councils are being asked to contribute.

According to Paul Bulmer, Humberside FHSA's senior administrator, dental, pharmaceutical and optical services, all views will be considered. He has already received an offer from a pharmacist willing to provide a one hour rota service together with Sunday opening. However, other pharmacists had written to say

they did not feel there was sufficient demand in their area.

The FHSA plans to collate the replies into a dossier for the affected pharmacists, who will then be asked for further comments. The Pharmaceutical Dispensary Advisory Group will then advise if any changes are necessary and the pharmacist will be able to appeal. "We do not want to change pharmacist's hours unless there is a clearly defined need to do so," Mr Bulmer told *C&D*.

He believes the move will ensure patients get a proper standard of service, balanced against the needs of rural pharmacists. "We don't want this to be seen as threatening," he says.

Local pharmaceutical committee secretary David Newton has written to the FHSA stating that, in most areas, the service was sufficiently fulfilled by the "urgent" prescriptions provision. However, doctors had been reluctant to mark prescriptions "urgent", in the

mistaken belief that it increased their drugs costs.

Humberside's move does not appear to be being followed by other FHSA's. A spokesman for Cambridgeshire says they already had sufficient pharmacy opening. Pharmacists were often opening longer hours on a voluntary basis, he told *C&D*.

Cumbria FHSA had not received any suggestions from doctors that extended pharmacy opening was required. The combination of rotas and pharmacists available to dispense urgent prescriptions was sufficient.

□ **Cornwall FHSA** has published an 11 point consultative plan for healthcare in the county. The draft plan contains recommendations that complaints from the public against doctors, dentists, pharmacists and opticians should be handled faster.

It is suggested that the Regional Health Authority agree a common basis for recording these complaints. The final document is to be released shortly.

CPP seeks volunteers

The College of Pharmacy Practice is seeking ten community pharmacists living in the London and Chiltern areas to take part in a pilot scheme for a computer aided learning project.

To be able to take part candidates need access to an IBM AT (or equivalent) computer with 20Mb hard disk and a 3.5in or 5.25 floppy disk drive. The computer should have a 14in EGA screen — colour if possible, although this is not absolutely necessary. The operating system should be a 3.3 version of MS DOS or a later one. The system needs 640RAM.

Volunteers will need to be able to attend a briefing on the evening of February 6 at Hallam Street, London, when the purpose and plan of the pilot will be detailed. A further meeting on March 27 will discuss participants' reactions to the package. Anyone interested in taking part in the scheme should contact Miss Rosemary Mitchell, CPP, University of Warwick Science Park, Barclays Venture Centre, Sir William Lyons Road, Coventry CV4 7EZ (tel: 0203 692400).

PSNC rejects 8pc pay offer

The Pharmaceutical Services Negotiating Committee formally rejected the Department of Health's 8 per cent pay offer for 1991-92 at a meeting with DoH officials on Tuesday.

"The figures put forward appear to be arbitrary and bear no relationship to any concrete

facts," PSNC chairman David Sharpe said last week. He added that if a satisfactory conclusion was not reached on January 22, he would be insisting on seeing the Secretary of State for Health, Mr William Waldegrave.

The Department supported its offer with various historic

pharmacy indicators (see below). "The impression the Department is trying to create is that from their perspective the trends are showing historically that pharmacies appear to be doing well," said Mr Sharpe.

The Department's indicators appear to take no account of the post-1987 limitation of contract or the abolition of the cost-plus element of remuneration. PSNC says that with its knowledge of the situation now, and looking to the immediate future, it would not be surprised if the trends were to be reversed.

Considerable time was spent at the PSNC meeting last week discussing how to present evidence of the Committee's conclusions on factors such as the increasing labour and overhead expenses, over which contractors

have little or no control, said Mr Sharpe.

He acknowledged, however, that both sides wished to reach a satisfactory conclusion to negotiations as soon as possible. He was hopeful — "more optimistic than in the past" — that he would be able to report the results of negotiations (including fee scales for 1991-92) to LPC representatives at the LPC Conference on February 18.

□ **The Scottish Health Department** said on Tuesday it was preparing another pay offer for pharmacy contractors. A spokesman was unable to disclose details because the Department was considering the response of the Pharmaceutical General Council, which last week described the initial 1991-92 offer as "disappointing".

Pre-registration placements: UK

| Year | Total | Community | of which in: Hospital | Joint |
|------|-------|-----------|--------------------------|-------|
| 1985 | 1,032 | 581 | 393 | 58 |
| 1986 | 1,044 | 555 | 389 | 60 |
| 1987 | 964 | 564 | 348 | 52 |
| 1988 | 974 | 553 | 355 | 66 |
| 1989 | 969 | 543 | 361 | 65 |

Trends in numbers of community pharmacists: registered RPSGB members at 31 December:

| Year | No on register | % male | % full time | of which: % community | % hospital |
|------|----------------|--------|-------------|--------------------------|------------|
| 1980 | 28,620 | 67.0 | 64.5 | 62.3 | 12.6 |
| 1981 | | | | | |
| 1982 | 29,380 | 65.4 | 63.6 | 62.0 | 12.9 |
| 1983 | 29,400 | 64.3 | 63.4 | 63.9 | 12.9 |
| 1984 | 30,250 | 63.3 | 64.0 | 62.2 | 13.2 |
| 1985 | 30,770 | 62.3 | 64.9 | 62.4 | 13.7 |
| 1986 | 31,230 | 61.2 | | | |
| 1987 | 34,510 | | | | |
| 1988 | 35,230 | | | | |
| 1989 | 35,820 | | | | |

Applications to open pharmacies: 1 April-30 June 1990

| Decisions made | Type of application | |
|--|-------------------------|------------------------|
| | New additional contract | Major/minor relocation |
| Total | 125 | 78 |
| of which accepted | 37 | 60 |
| rejected | 81 | 11 |
| of which not necessary/desirable | 81 | 5 |
| Applications awaiting a decision at period end | 97 | 20 |

Remuneration on agenda for LPC Conference

NHS remuneration is high on the agenda for the Local Pharmaceutical Committee Conference on February 18.

Among the motions for debate is Norfolk LPC's proposal that "PSNC should seek the rational distribution of NHS payments such that a standard fee with reduced front loading is paid for items dispensed. Money released should be targeted to necessary pharmacies in urban or rural areas."

Incentives for inner city pharmacies to encourage pharmaceutical services and assist in the provision of security is the subject of a motion from City & East London LPC, while Lincoln LPC is suggesting the dropping of the professional fee remunerating prescriptions after the first 6,650 items a month in favour of a new specific payment to encourage and remunerate the employment of a second pharmacist.

Gwynedd LPC is proposing a compensation scheme to enable pharmacists locked into pharmacies made unsaleable due to Government policies to retire with reasonable security, while Sefton LPC would like their medical and dental contractor colleagues, to join the NHS superannuation scheme.

Several motions deal with the "additional role". Liverpool LPC wants to see an item of service fee for controlled dosage systems, Durham would like pharmacists to be remunerated for the treatment of minor ailments.

Somerset LPC would both like a maximum treatment period for a supply of medicine to be defined; Oxford LPC go further in a separate motion and suggests it should not exceed 28 days.

One motion that could provoke a serious debate is Liverpool LPC motion on arrangements for the LPC Conference itself.

The LPC's motion is: "As the LPC Conference in its present form allows neither sufficient voice to delegates nor opportunity to debate issues fully, this Conference requests PSNC to restructure the whole timetable to make the event more sensitive to the wishes of the electorate".

Guild and MSF debate

The future of the Guild of Hospital Pharmacists within the Manufacturing Science Finance union will be debated again at this year's Group Delegates Meeting in Birmingham next weekend.

Motions proposing a split with MSF (previously ASTMS) were a regular feature of the GDMs of the early '80s. This year the spur for the Yorkshire Group's motion, which calls on Guild Council to take "immediate steps to withdraw from MSF and seek affiliation with a more efficient union", appears to be the need for

an efficient administration at a time of great NHS change.

The quality of Guild records held by MSF have been a cause for concern and the Yorkshire Group says the "administrative shambles produced by the computer problems are indicative of a body which cannot look after the Guild membership".

Earlier motions on the order paper from the London and Liverpool Groups praise Guild Council and general secretary Dr David Bird for their efforts to maintain records "in the face of indifference shown by the national organisation", and suggest immediate action is required to remedy deficiencies in communication between MSF and ordinary Guild members.

PSNC plans FHSA conference

The Pharmaceutical Services Negotiating Committee is planning to hold a conference for family health services authority members and officers who deal with pharmacy matters, and other interested parties.

The event, to be held jointly with the Royal Pharmaceutical Society, is likely to take place in

April. PSNC secretary Steve Axon says the many requests for such a conference at the recent PSNC roadshows was one of the reasons the Committee has gone ahead.

□ The seminar being hosted by the working party looking into future roles for pharmacy will be held on March 27.

| Year | Openings, closures and changes of ownership in England and Wales | | | | Proportion of independents to multiples (five or more outlets) | | Relative location of openings and closures | |
|-------|--|----------|----------|----------------------|--|--------------------------------------|--|--|
| | Number | Openings | Closures | Changes of ownership | % of pharmacies independent/small chain | % of pharmacies multiple/large chain | % of openings > 1km from nearest pharmacy | % of closures < 400m from nearest pharmacy |
| 1979 | 9,390 | 150 | 180 | 430 | 76.2 | 23.8 | 17.9 | 66.1 |
| 1980 | 9,380 | 140 | 150 | 410 | 76.8 | 23.2 | 11.8 | 75.5 |
| 1981 | 9,460 | 190 | 110 | 420 | 74.3 | 25.7 | 17.2 | 67.3 |
| 1982 | 9,590 | 240 | 110 | 430 | 74.7 | 25.3 | 16.8 | 70.1 |
| 1983 | 9,720 | 250 | 120 | 470 | 74.3 | 25.7 | 15.1 | 73.3 |
| 1984 | 9,870 | 270 | 120 | 460 | 75.5 | 24.5 | 13.8 | 68.1 |
| 1985 | 10,170 | 410 | 110 | 470 | 75.0 | 25.0 | 14.8 | 68.2 |
| 1986 | 10,470 | 420 | 120 | 420 | 75.4 | 24.6 | 13.5 | 71.8 |
| 1987 | 10,620 | 590 | 440 | 490 | 74.3 | 25.7 | 12.6 | 65.1 |
| 1988 | 10,480 | 70 | 210 | 650 | 74.8 | 25.2 | 59.5 | 72.9 |
| 1989 | 10,430 | 70 | 120 | 560 | 73.7 | 26.3 | 62.9 | 64.7 |
| 1990* | | | 35 | 31 | | | 54.3 | 61.3 |

(* 1990 figures for Jan-June only)



Regional variations in community pharmacy 1989: England and Wales

| Region | No. pharmacies/100,000 population |
|-----------------|-----------------------------------|
| NW Thames | 28.1 |
| Wales | 24.4 |
| NE Thames | 23.9 |
| SW Thames | 22.4 |
| SE Thames | 21.1 |
| Mersey | 21.0 |
| North Western | 20.9 |
| England & Wales | 20.6 |
| West Midlands | 20.2 |
| Northern | 19.6 |
| Yorkshire | 19.5 |
| South Western | 18.8 |
| Trent | 18.1 |
| Oxford | 16.2 |
| East Anglia | 14.2 |

Tranquilliser claims get legal go-ahead

The largest personal injury action in legal history may result from the go-ahead given last week for some 3,000 claims against tranquilliser manufacturers to be dealt with as a group action.

A master statement of claim has been drawn up for use by all alleged victims of tranquilliser addiction, who are claiming that manufacturers failed to give adequate warnings about the addictive properties of the tranquillisers.

The main issues will be decided first in a number of lead cases, although the first test case is unlikely to be heard within the next two years. Claimants will share legal costs equally.

Mr Justice Ian Kennedy approved 15 other benzodiazepine drugs besides Ativan and Valium for inclusion in the litigation, and up to five other drug manufacturers besides Roche and Wyeth could eventually be involved. However, he said he had been told that "only rarely" were individual damages awards likely to reach or exceed £10,000.

The judge urged potential claimants to act as soon as possible for inclusion in the main group action, since it may be difficult for the Legal Aid Board to grant assistance for a small number of late claims.

The judgment follows a hearing last November, when solicitors argued for special

arrangements to deal with the mass of likely cases (*C&D* November 10, p828). A further procedural hearing has been scheduled for April 9.

□ Roche spokesman Andrew Craven told *C&D* that the company welcomed the directions. "Roche has been trying to establish for some time just who is intending to sue the company, so the case can proceed. We will defend our reputation as one of the world's leading healthcare companies and would like to see the case moving forward expeditiously to a just conclusion. We are confident our reputation will be vindicated in the courts," he said. Wyeth had no comment to make.

Gillette's bath bead warning

Gillette have warned that plastic razors may be damaged by an ingredient present in some bath beads. Other plastic products such as combs and bathroom fittings may also be affected.

The ingredient is isopropylmyristate (IPM), a skin emollient present in some toiletries and bath products, which the company says can result in softening or cracking of the plastic housing the razor with possible injury to the shaver.

Tests have revealed bath beads from Body Shop contain a high concentration of IPM. Body Shop are currently being sued by a West Yorkshire man for facial scarring after a razor disintegrated.

A spokeswoman at Body Shop said that their bath beads do contain IPM, but in no higher quantities than other bath beads. "As far as I know we are the only company to put warnings on the jars containing bath beads against using them with certain plastics."

Gillette are calling for the reformulation of bath beads with high IPM concentrations, but does not seek a total ban.

"Warning: Oil-based lubricants and ointments can damage condoms and diaphragms" is the title of a new leaflet from Durex. The leaflet features vaginal and rectal preparations which are both safe and unsafe to use with rubber products. Copies from Durex Information Service for Sexual Health, LRC Products Ltd, North Circular Road, London, E4 8QA.

Low prescribing warning

As many as four out of five patients with moderate to severe hypertension may not be receiving treatment in some NHS practices, claims a report by the Office of Health Economics.

Maturity onset non-insulin dependent diabetics may also be missed, says Professor George Teeling Smith in "Patterns of prescribing".

The report is based on computerised data collected from GPs by the Vamp Organisation. Although it focuses on just over 100 GP practices, it found a sixteen-fold variation in the average rate of prescribing for hypertension.

The results have obvious implications for GP audits that assume the average rate of prescribing is correct and attempt to moderate high prescribers. Moves of this nature may be counterproductive in both clinical and economic terms, says Professor Teeling Smith.

For anti-hypertensive treatment, statistics suggest the lowest prescribers may be missing up to four fifths of moderate to severe hypertensives. Even the highest prescribers are probably still not treating borderline cases.

For late onset, non-insulin dependent diabetes data suggests that even among the highest prescribers, six patients in every 1,000 are not being treated before damage occurs.

Although some prescriptions were unnecessary, there was firm evidence of under-prescribing in some areas. "This should be a matter of concern," says the

report, "particularly since it is, in general, the low overall prescribers who appear to be 'missing' the largest number of their hypertensives and late-onset diabetics."

However, the report raises more questions than it answers, says Professor Teeling Smith. Further research into prescribing patterns is required. "Patterns of prescribing" (£3), Office of Health Economics, 12 Whitehall, London SW1A 2DY.

Nicotine patch in NZ

A transdermal nicotine delivery system developed by Ciba-Geigy has been licensed in New Zealand.

Nicotinell TTS is a matrix type transdermal system designed for daily application to provide a controlled supply of nicotine to the blood stream.

Three different patch sizes (10, 20, 30sq cm) are available. The largest is recommended for those smoking more than 20 a day, the medium size for those smoking less than 20 a day, and the smallest for use prior to the end of therapy or to consolidate abstinence. The product is a Pharmacy medicine in New Zealand.

Nicotinell TTS is available in Germany and Switzerland. Ciba-Geigy Pharmaceuticals have no firm date for UK marketing at present.

Peptic ulcer warning

Peptic ulcer patients should be taught that their condition is potentially serious unless they are careful to take their medication and to avoid contributory factors such as smoking and the use of OTC non-steroidal anti-inflammatory drugs, recommends a report launched this week.

"The management plan for peptic ulcer disease" says that over 4,500 people in Great Britain die every year from the condition, usually as a result of bleeding or perforation. That is twice the number dying from asthma or cervical cancer. The report recommends that patients should be told about the recurring nature of the disease and the need to continue treatment even if they have no symptoms. Other ways of involving compliance include providing written information, particularly to the elderly, and taking time to explain the treatment simply.

The management plan, agreed at the World Congress of Gastroenterology, provides GPs with a practical guide to diagnosis and preliminary and long term treatment of peptic ulcer disease. It also aims to ensure a consistent approach between hospitals and GPs. Pharmacists may obtain copies free from Medicine Group (UK) Ltd, 62 Stert Street, Abingdon, Oxon OX14 3UQ.

BRIEFS

A further 12 hospitals and other NHS units that have expressed an interest in becoming NHS Trusts are working on applications for self-governing status as from April 1 1992. The units, which include the Royal United Hospital, Bath, Kendal hospitals unit, Eastbourne acute services and Dudley priority unit, brings to 123 the number of units working on second wave Trust status.

A private member's Bill authorising the introduction of new regulations governing the transport of radioactive material, mainly for medical and industrial purposes, by road has been given an unopposed second reading by the Commons. A similar measure failed to reach the Statute Book last year. The new Bill extends additionally to Northern Ireland.

C&D Price Service: The correct retail price for Capasal therapeutic shampoo (PIP code 253-567) is £7.57, and not as shown in the *C&D* Supplement of January 19 and the February *Price List*. This amendment will appear in the *Price Supplement* of February 2. We apologise for any inconvenience caused.

Urban Chalford?

The Rural Dispensing Committee was to decide on Thursday (after *C&D* went to press) whether Chalford, Gloucs, is to be reclassified as urban or remain rural.

There has been lots of interest on both sides, says RDC secretary Mike Bradley. The old Gloucester LPC was in favour of the area becoming rural, although the Local Medical Committee appealed against this.

The decision will put Gloucester FHSA in a better position to decide the fate of a pharmacy application for Chalford. Letters in local newspapers last month complained that the proposed pharmacy would be inaccessible to many, and would take away trade from village shops.

Herbal tea for eczema?

A Chinese herbal tea is being investigated for beneficial effects on childhood eczema, says a report in *The Observer* (January 20). Results of trials on 50 severely affected children at London's Great Ormond Street Hospital are expected soon.

The remedy was brought to London by Canton doctor Ding Hui Luo, who dispenses it from her surgery in Soho. Doctors who saw the results decided to test it in clinical trials, funded by the National Eczema Society.

Directing the trials is consultant dermatologist David Atherton. He approached Dr Luo and her pharmacist husband Stanley Lau, and asked the pharmaceutical company Phytopharm, of Brough, Humberside, to make up the formula.

The company has produced a granule preparation, to which boiling water is added. It is hoped to develop a form that can be sprinkled on to food.

The treatment costs £24 per week. The mixture includes red peony root and other herbs, which together have a beneficial effect. The constituents are yet to be fully analysed.

Fears about the treatment's safety were raised when doctors at St Georges Hospital, London discovered that one child developed liver damage. But it was not known whether it was a pre-existing condition. A parallel study in adults is being carried out at the Royal Free Hospital in North London.

TOPICAL REFLECTIONS

by Xrayser

More roles at a price?

The working party on the future of community pharmacy has requested constructive suggestions from community pharmacists on how they see their future role (*C&D* December 1, p958). What an opportunity! I would like to expand my role to actively promote health education, to provide screening services, to maintain patient medication records, to give lifestyle advice, to initiate anti-smoking campaigns, to increase domiciliary visits, to offer collection and delivery facilities, to encourage patients to seek advice, to liaise with other primary health workers etc, etc. The list is endless, but my resources are limited by the necessity to make a living from an NHS income directly related to the number of scripts I dispense.

We need to break free from this financial straitjacket, and a substantial basic practice allowance with a corresponding reduction in dispensing fees could provide the necessary stability to allow development of an expanded role. A fair system of compensation could then be used to encourage amalgamation and, if the problems of rural practice were concurrently tackled, establish a properly distributed service.

'No' to practice advertisements

It is rare, indeed, that I agree with the British Medical Association, but their ban on community pharmacies advertising in practice leaflets should be welcomed (*C&D* January 19, p65). These leaflets are designed to inform the patient of available services, and whereas it would be helpful for complementary local professional services to be listed, direct advertising would force all competing

pharmacies to participate. And because it would be impossible to control copy, this would lead inevitably to an undignified scramble for prime positions and exaggerated professional claims.

Tim Astill of the National Pharmaceutical Association considers advertising "wholly unobjectionable" as long as all pharmacists are offered equal opportunity to advertise, but by whose standards is equality measured and offered? Once printed and distributed the leaflets will

have drawn their distinctions, and the penalties a wrathful Pharmaceutical Society will impose on the guilty will prove, as in the past, to be totally inadequate to deter any future transgressions. The RPSGB should support the BMA in this ban and similarly, in pharmacy practice leaflets, only allow the listing of other professionals' services.

One-stop pharmacy?

NHS contract limitation was never intended to stifle change but designed to slowly redistribute pharmacies to where they were most needed. Changing patterns of shopping have meant more customers using the large one-stop hypermarkets, with pressure for pharmacy to be duly represented. Applications for new contracts have, however, often been refused on the grounds that the existing services were adequate.

Tesco appear now to have overcome this problem (*C&D* January 19, p98) by letting space inside their stores to existing pharmacists, who then relocate under minor relocation regulations. This would seem a most satisfactory development and should be encouraged. The pharmaceutical service is extended to a wider audience, at no extra cost to the taxpayer, and in the outside community the remaining pharmacies benefit from an enhanced viability.



COUNTERPOINTS

Endekay supplements repackaged

En-de-kay fluoride supplements have been repackaged, and the new-look range is now being sold in by representatives.

The four products — drops for 0-2 years, tablets for 2-4 year olds and for the fours and over, and a mouth rinse for the eights and over — are now packed in carton packs showing modern cartoon characters.

A coloured box highlights which age group each product is for. Prices and pack sizes remain unchanged. *Stafford-Miller Ltd. Tel: 0707 331001.*

BRIEFS

Oral-B Laboratories are helping reduce the cost of dental treatment with a special cash-back promotion on their toothbrushes. Until the end of March consumers will be offered a £3 refund towards the cost of dental treatment. The refund is valid for a year and is claimed by sending a receipt from the dentist with three proofs of purchase. *Oral-B Laboratories Ltd. Tel: 0296 432601.*

Crest are launching a campaign aimed at primary school children to promote good oral hygiene habits. It was designed in consultation with dentists and primary teachers. Using the Crest beaver cartoon, the pack comprises a teaching kit with activity sheets. A poster shows the correct way to clean teeth, information on diet, toothpaste and dental checkups. The packs will be supplied to schools free of charge. *Procter & Gamble. Tel: 0784 434422.*

Laboratories for Applied Biology and the **Mentholatum Co Ltd** have formed a distribution partnership. The LAB salesforce will now handle transfer orders on most Mentholatum products including Deep Heat and Deep Freeze ranges and Cutipen. Pharmacists can still order the products through wholesalers. *The Mentholatum Co Ltd. Tel: 0734 340117.*



Vive la difference with Le Brush

"A new, fashionable, modern, high quality toothbrush that will brighten up your life and put pleasure into buying a toothbrush," is the message from Jordan for their newest product.

Le Brush (£1.49) is a visibly different toothbrush, says Jordan, which is being promoted with a lively, fun image. Fashion is happening everywhere, says international marketing manager Joan Blackman. "It makes such sense to extend it to toothbrushes."

The reusable, clear packs show a range of 12 different designs on the toothbrush handles including cartoon characters for children and dinner jackets, gift wrapping and piano keyboards.

The range is to be targeted at what Ms Blackman calls the "confetti generation" — young, thinking people who like new things to spice up their lives. They are more likely to be influenced by value and quality rather than price, and expect more than just a toothbrush, she says.

Although Le Brush does not visibly "talk teeth" in so far as it does not claim to be better professionally, if it did not work effectively, Jordan would not have put their name to it, says Ms Blackman. The brush has a flat straight handle, a small tapered head and the ideal combination of

soft and medium bristles, she says. A package insert explains the benefits of the product and gives tips on good oral hygiene.

The initial 12 designs will be changed at regular intervals, as Jordan are aiming for constant action on shelf. The objective is for Le Brush to achieve a 5 per cent share of the UK toothbrush market within two years.

The company is predicting the range will open up a whole new market segment, strengthening Jordan's image and stimulating total market growth.

Selling in offers for the trade include a toilet bag with three brushes and a range of POS material including window stickers and shelf talkers. Display stands are available, either free standing or for the shelf. Total support to the tune of £200,000 is planned. *Chemist Brokers, Division of Food Brokers Ltd. Tel: 0705 219900.*

Colgate-Palmolive say their February promotion through wholesalers of 30 per cent extra free on Soft & Gentle roll-on deodorants will be postponed. Instead of the 30 per cent extra fill pack, Soft & Gentle 50ml roll-on will be available through wholesalers at a promotional price. This will not affect the offer on aerosols. *Colgate-Palmolive Ltd. Tel: 0483 302222.*

Regina Press blitz

Regina Health and Beauty are launching a £250,000 advertising campaign in women's magazines and the health Press from February to May.

It features the Regina range of Concorde, royal jelly capsules, ginseng with fresh royal jelly and evening primrose oil with royal jelly. The theme of the advertisements is that Regina royal jelly can "help you with your balancing act".

The company also now claims that President Gorbachev has become a fan of their royal jelly! Regina sent him a sample jar of capsules and the following week the Russian embassy ordered further supplies, according to *Regina Royal Jelly Ltd. Tel: 081-446 6644.*

EPO twins

Healthlife have introduced evening primrose oil (EPO) one-a-day capsules in special offer twin-packs.

The packs represent a £2 saving on the recommended retail price of EPO 500mg (90s) and 1,000mg (30s), and £5 off the recommended retail price for EPO 500mg (180s) and 1,000mg (90s), says the company.

The offer is supported with point of sale material, including full colour posters. Company nutritional advisers are available for in-store promotions. *Healthlife Ltd. Tel: 0274 595021.*

Berry tasty!

Seven Seas are promoting their Berries food supplement range with an £500,000 television campaign from February 4 to March 3.

With the slogan "Try these for a change — fruity flavour Berries from Seven Seas' new range" it aims to convince consumers Berries are a tasty way of taking supplements. *Seven Seas Health Care. Tel: 0482 75234.*

No. No.

I do not
want to
buy a
colour
copier

"Frankly, it's a stagnant market."

Fact: The colour copier market is growing at around 30%*.

"They don't come out very well."

Fuji's photographic colour copy system offers premium quality with incredibly subtle tones and colour rendition.

"I already offer a photographic enlargement service."

With the AP5000 you can produce virtually instant enlargements from any original – prints from slides, print from print, OHPs, even copies from solid objects.

"How can it help my business?"

Copiers increase store traffic and offer excellent 'sell on' opportunities.

"There's no demand for colour copies in my area."

Most businesses now use colour in virtually all their presentations.

"What does it do that I can't do already?"

You can offer a virtually complete imaging service direct from your outlet.

"The material is far too expensive."

The cost of material for an A4 photographic copy is around £1, with typical selling price of around £4.

"Nobody would know even if I did get one."

Our point-of-sale pack will advertise your new service instantly.

"Sounds too complicated."

It's as easy as pressing a button.

*COMPOUND ANNUAL GROWTH RATE (WHAT TO BUY IN BUSINESS – COLOUR COPIERS).

Well, maybe...

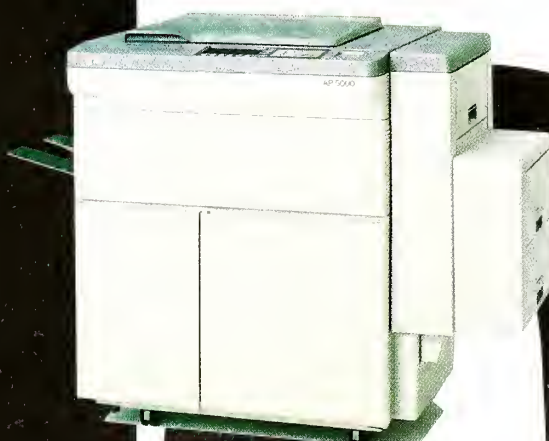
PLEASE SEND ME DETAILS OF HOW THE FUJI AP5000 CAN ADD TO MY BUSINESS, WITHOUT THE NEGATIVES.

NAME _____

ADDRESS _____

BUSINESS _____

TELEPHONE _____ FAX _____



SEND TO: LISA BENSON
FUJI PHOTO FILM (UK) LIMITED,
PHOTOFINISHING DIVISION,
FUJI FILM HOUSE,
125 FINCHLEY ROAD,
LONDON NW3 6JH.
TEL: 071 586 5900
FAX: 071 722 4259



AP
COLORCOPIER

Customised haircare from Helene Curtis

Helene Curtis have launched Salon Selectives which they have marketed in the USA since 1987. Packaged in bold pink pearlescent bottles it consists of four levels of shampoos (£2.09 400ml) and four conditioners (£2.09 400 ml).

All the lines have a fresh apple fragrance and allow any combination of shampoo and conditioner.

Level 1 shampoo is for any hair type; level 3 for revitalising permed or colour treated hair; level 5 for dry or damaged hair; and level 7 for frequent users of mousse, gel or hairspray. The conditioner comes in four types: type G is for all hair types; type P is for permed or coloured hair; type M is for dry or damaged hair; and type B is for fine or limp hair.

The launch will be supported by a £5 million promotional campaign including television (March), and radio and women's Press advertising. *Distributors Food Brokers. Tel: 0705 219900.*

Extra Finesse for Spring

Helene Curtis are promoting the Finesse haircare products throughout February and March.

The standard 200ml bottles of shampoo and conditioner contain an extra 50ml free and the 300ml size, an extra 100ml. All the Finesse styling products contain an additional 25ml free.

The offer will be highlighted with a flash across the bottles. It will be supported by a national television, radio and women's Press campaign. *Distributors Food Brokers. Tel: 0705 219900.*



New look Wella Color Set

Wella are relaunching their range of temporary colour setting lotions with the aim of attracting younger users.

The product has been repackaged in taller 100ml and 40ml bottles featuring new graphics which reflect the Wella Colour Confidence livery.

New shades have been added including three natural looking beiges — oyster, cool and warm

beige — all of which are suitable for use on white or lightened hair.

Each shade is shown on the pack and a new application nozzle should ensure easier use, say Wella. There are now ten colours in the 40ml size and seven in the 100ml.

For display, marbled cream trays are available, endorsing the Wella colour message. *Wella Great Britain. Tel: 0256 20202.*

French chic from Rimmel

Rimmel are introducing the French Dressing collection.

To achieve nails *à la Française* there are three new nail polish colours — French ivory, coconut ice and French rose (12ml £1.49). The ivory polish should be applied to the tip of the nail, say Rimmel, over a base coat of either pale pink or beige and then sealed with a second coat of the base colour.

Rimmel have added a nail whitening pencil (£0.99) which

should be applied to the underside of the nail tip.

For the face the collection comprises an eye shadow quartet (£2.09) in mustard, barley, sage and coral; eyeliner (£1.05) in copper or green; mascara (£1.75) in brown or black; blusher duos (£2.09) in terracotta and apricot or raspberry and coral, and lipstick (£1.79) in frosted peach or pink. *Rimmel International. Tel: 071-637 1621.*

Tips on hair

Vitapointe have brought out a haircare fact sheet aimed at those with problem dry hair. Entitled 'A calendar of hair care', it gives hints and tips on year round hair maintenance.

Topics covered include protection from Summer hazards, combating the drying effects of Winter winds and coping with problems caused by central heating. For fact sheets write to *Vitapointe Dry Hair Advisory Service, 225 Bath Road, Slough, Berks.*

Cow & Gate promotion

Cow & Gate's latest national promotion will be the first to run across both baby meals and baby drinks ranges, according to senior product manager Alyson Gilbert-Smith.

The promotion, running from February until the end of October, offers a free mobile personalised with the baby's initial as colourful addition to the nursery, say Cow & Gate. The offer, featured on leaflets and special polybags, requires parents to collect 15 labels from any Cow & Gate jars.

The company claims a 25 per cent share of the UK baby meals market, and continuing leadership of the baby drinks sector. *Cow & Gate Ltd. Tel: 0225 768381.*

Zorbit Babycare, manufacturers of children's bedding, have introduced a single bed set for the older child. Called Ski, the duvet and pillowcase set is available in a blue/white colourway. *Zorbit Babycare. Tel: 0942 497191.*

Lewis Woolf Griptight have launched a fragranced polythene nappy disposal bag. Available in cartons of 50 bags, they sell at £0.99 each. *Lewis Woolf Griptight Ltd. Tel: 021 414 1122.*

BRAND LEADER • FOR COLD SORES, CRACKED AND CHAPPED LIPS • HIGH PROFIT MARGINS
NEW ADVERTISING CAMPAIGN THROUGHOUT WINTER IN NATIONAL PRESS AND TEENAGE MAGAZINES



THE NAME ON EVERYONE'S LIPS

Pierre Fabre attack 'stubborn cellulite'

Pierre Fabre have introduced an Elancyl MP24 specific for "stubborn cellulite", complementing the existing toning and Elancyl MP24 products. The benefits of the product will be explained to consumers in a campaign to be launched in the women's Press in May.

The new skincare product is aimed at problem areas of the body, including the back of upper arms, navel, neck and shoulders, knees, lower legs and ankles.

Elancyl MP24 Specific contains acefinol and other mateine derivatives, say Pierre Fabre. Other ingredients in the gel formulation include ivy and vitamin E. Presented in a pump dispenser it sells at £22.70 (75ml)



and comes with POS material. Pierre Fabre Ltd. Tel: 0865 742525.

Phoenix's Resolution from Ernest Jackson

An anti-smoking product called Resolution has been launched by Phoenix Pharmaceuticals, and is available from Ernest Jackson.

The tobacco substitute lozenges contain 0.5mg nicotine, and trace amounts of anti-oxidant vitamins A and E, as well as 3mg vitamin C. The directions for use are: rather than smoking, dissolve one lozenge slowly in the side of the mouth, when needed. Do not chew or swallow whole. Gradually reduce consumption as required.

The lozenges are said to be "clean fresh tasting" and are blister-packed in a green and blue carton (24 £2.19). A matching counter display unit has been designed to hold 20 packs.

Promotional activity in various consumer publications will support the launch of Resolution. An introductory bonus of 20 for 18 at £25.56 will be available for a limited period. Distributors Ernest Jackson & Co Ltd. Tel: 03632 2251.

Bronal for adult cough

Cupal have launched Bronal cough balsam. It replaces their adult cough balsam, which was discontinued last September because of its illogical mix of suppressant and mild expectorants, say Cupal.

The new presentation is indicated for the relief of dry, tickly coughs, and contains dextromethorphan 10mg and glycerin 0.5ml in each 5ml. The dosage of the Pharmacy medicine is 5ml three times daily for adults and children over 12 years.

Bronal cough balsam (100ml £1.85) comes cartoned in yellow and blue packaging, said to retain the flavour and character of adult cough balsam. Introductory offers are available from Cupal representatives. Cupal Ltd. Tel: 0254 580321.

Hill's on TV

Windsor Pharmaceuticals are investing £300,000 in a national advertising campaign for Hill's Balsam, their recently acquired cough remedy range.

The advertisements will appear in national newspapers, television guides and selected Scottish media. The campaign runs until the end of March. Windsor Pharmaceuticals. Tel: 0344 484448.

Asilone liquid will be available as a General Sales List medicine from February. Crookes say they intend to keep the brand pharmacy based and will maintain trade support by continuing to produce educational and merchandising material. Plans for 1991 include the introduction of new POS material and a second television advertising campaign. Crookes Healthcare Ltd. Tel: 0602 507431.

Unichem's offers

Unichem's leading February offers are on Castlecare nappies, Belle Color hair colorant, Healthcraft vitamins and Finesse haircare products.

Twelve packs of newborn Castlecare nappies are offered at a trade price of £12.31, retailing at £1.29 to give a POR of 20 per cent. The offer also applies on infant, toddler and child sizes.

A POR of 40 per cent is offered on Belle Color hair colorants with a trade price of £4.21 (pack of three) to retail at £2.69 each.

Six packs of Finesse shampoo and conditioner are on offer at £4.33 (normal trade price £5.56). Reductions are also offered on Finesse hairspray, mousse, spritz and gel mist.

The offer on the one-a-day range from Healthcrafts gives a POR of 46 per cent. Six packs of multivitamins are offered at a trade price of £5.59 (normal trade price £6.92). There is a last chance to purchase the Gold Seal starter pack at a 20 per cent discount.

Unichem are also offering 17.5 per cent discount off trade when customers buy 25 packs of any own brand products. Included in this offer are the new hair styling products, the new larger size baby products and colour film. Unichem plc. Tel: 081-391 2323.

Vantage promotions

AAH Pharmaceuticals are offering discounts on orders of selected Vantage lines. The products include glucose powder with vitamin C, VOL denture tablets, pholcodine cough pastille, Gees linctus, glycerine throat pastilles, menthol vapour rub, ibuprofen tablets and low calorie sweeteners.

On orders of ten or more outers pharmacists get a 15 per cent discount, and on six outers they receive a 12.5 per cent discount. All orders must include at least one outer of the own-label glucose and vitamin C powder. The offer runs from February 11 to March 28. AAH Pharmaceuticals Ltd. Tel: 0928 717070.

Fuji and Tambrands are joining forces to offer pharmacists a free Braun pocket shaver worth £9.99 when they order 60 Fuji films. The promotion applies to transfer orders through Tambrands representatives and lasts until the end of February. Tambrands. Tel: 0705 474141.

PILLS

— the every week story of pharmacy folk episode 36.

"FLOCKS of CUSTOMERS"

If you install a new system called PILLS

Don't be shocked if your pharmacy fills,

With customers in flocks, Whilst maintaining your stocks, And leaving more cash for your bills.

said the trio from "Late Night Pharmacy" in Hull:

David Stenton M.R.Pharm.S.
Terry Relf M.R.Pharm.S.

&

Martin Bennett M.R.Pharm.S.
winners of three bottles of champagne.

David added "we are exceptionally pleased. The system is wonderful".

Patient Records
Interactions Alert
Labels
Lozenges
Stock Controls

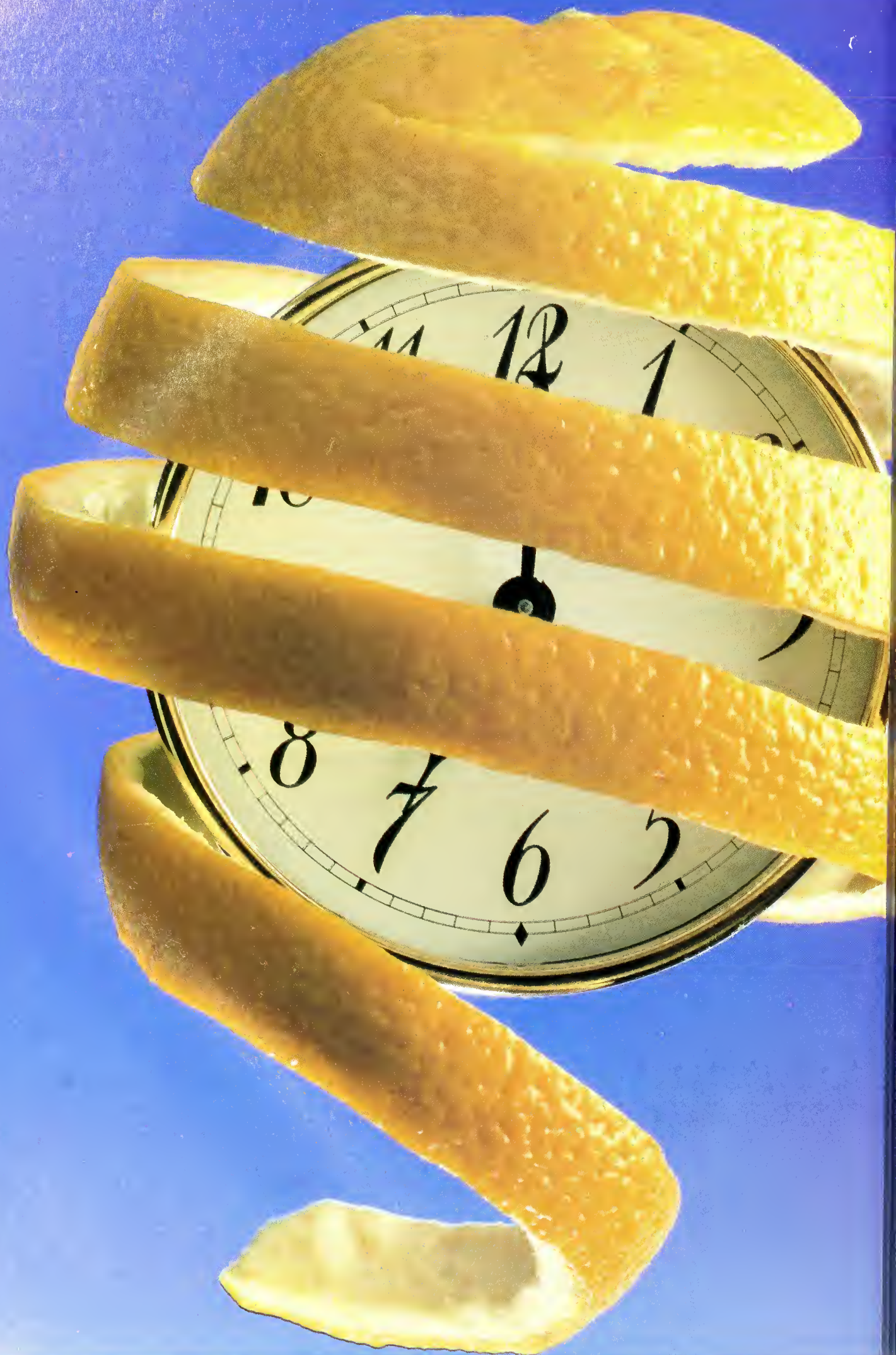


For your FREE, no obligation demonstration of THE system which increases prescription numbers by providing the BEST and most PROFESSIONAL service for your patients, ring:

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Telephone: 0299 827826
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Regular customers
regular sales!

CLOCKWORK ORANGE

When customers come to you for advice on relieving the discomfort of their constipation, they may well expect you to recommend a laxative. But most simple constipation is caused by a lack of fibre in the diet. Doesn't it make sense then, to recommend that they relieve their constipation by increasing the amount of fibre they eat?

Unfortunately, many people may be unwilling or unable to change their diets to include more high fibre foods. This is where you can help, by recommending fibre in a glass — Fybogel Orange.

Because it contains Ispaghula husk, Fybogel Orange can help to replace the fibre missing from so many modern diets, easing the discomfort of constipation and restoring regularity. Fybogel Orange is a convenient, palatable drink, flavoured with natural orange. A natural choice for the management of constipation.

Fybogel Orange

Ispaghula husk BP

A GENTLE START TO NATURAL REGULARITY

PRODUCT INFORMATION FOR PHARMACY RECOMMENDATION: FYBOGEL: **Active ingredients:** each sachet contains 3.5g Ispaghula husk B.P. **Indications:** constipation, conditions requiring a high fibre regimen. **Contra-indications:** Fybogel is contraindicated in cases of intestinal obstruction and colonic atony. **Dosage and administration:** (to be taken in water) Adults and children over 12: one sachet morning and evening. Children 6-12: half to one 5ml spoonful, depending on size and age, morning and evening. Children under 6: consult your doctor. **Retail price:** at December '90 7 sachets 99p, 10 sachets £1.22. Product Licence nos. Fybogel Orange 44/0068, Fybogel 44/0041. Fybogel is a trade mark. Further information and display material is available on request from Reckitt & Colman Products, Hull, HU8 7DS, U.K.





Fenjal are offering a free 42g Arantgarde soap with every purchase of their Arantgarde creme bath 42ml packs (£2.49). A prominent gold and aqua flash across the front of each offer pack is designed to create on-shelf impact. The Arantgarde soap offer packs come in boxes of six with the creme bath. Smithkline Beecham Personal Care. Tel: 081-560 5151.

Synergie from Garnier

Synergie, the latest skincare range from Laboratoires Garnier, is said to combine the best natural ingredients with the most sophisticated developments in cosmetology. Now among the top four skincare ranges in France, Synergie is being introduced to the UK in March.

Cleansers comprise gentle cleansing milk with passion flower (200ml, £2.89), alcohol-free tonic with witchhazel and rose (200ml, £2.89) and soap-free aqua cleansing wash with extract of iris (150ml, £2.99). For deep

cleansing there is a mask with natural clay, plant extracts and oil of passionflower, suitable for all skin types (50ml, £3.49).

Moisturisers include daily moisturiser with extract of passion flower and UV-A/UV-B filters (50ml tube, £3.99; 50ml pot £4.89) and protective daily cream with UV filters, vitamins E and F, and biological extracts (50ml tube, £4.79; 50ml pot £5.59). An anti-wrinkle cream with UV filters is added (40ml tube, £4.79; 40ml pot, £5.59). *Laboratoires Garnier.* Tel: 071-937 5454.

ON TV NEXT WEEK

| | | |
|---------------------|-----------------------|----------------------------|
| GTV Grampian | C1 Channel 4 | TV-am Breakfast Television |
| B Border | U Ulster | STV Scotland (central) |
| BSB British Sky | G Granada | Y Yorkshire |
| Broadcasting | A Anglia | HTV Wales & West |
| C Central | TSW South West | TVS South |
| CTV Channel Islands | TTV Thames Television | TT Tyne Tees |
| LWT London Weekend | | |

| | |
|--------------------------------|--|
| Atrix: | CTV, U, STV, G, Y, C, A, HTV, TSW & TVS |
| BD digital thermometers: | LWT, TTV & C4 |
| Beecham Coughcaps: | All areas |
| Beechams Hot Remedies: | All areas |
| Beechams Powders capsules: | All areas |
| Benylin: | All areas except A, TSW, TVS, LWT & TTV |
| Benylin Day & Night: | All areas except A, HTV, TSW, TVS, LWT & TTV |
| Hofels Garlic Perles: | A, Y |
| Mucron: | All areas |
| Nurofen: | All areas |
| Otrivine: | All areas |
| Panadol Extra: | All areas |
| Pudgies: | TV-am |
| Sensodyne toothpaste: | All areas except CTV & TV-am |
| Seven Seas Pure Cod Liver Oil: | All areas |
| Slim Fast: | C4 & TV-am |
| Veno's: | All areas |

Weleda backs Calendolon

This year Weleda are putting a "larger than ever" promotional spend behind Calendolon ointment. Full page and quarter page advertisements will be appearing in *Practical Parenting*, *Mother & Baby*, *Maternity & Mothercraft*, *Mail on Sunday*, *Sunday Express*, *Essentials*, *Woman & Home*, *She*, and *Country Living*.

There is an emphasis on mother and baby magazines, because Calendolon has long been recognised by midwives as an ointment for nursing mothers and babies, say *Weleda (UK) Ltd.* Tel: 0602 309319.

For the feet...

Scholl are introducing new products, packaging and merchandising material for their sandals range.

A slingback model in mimosa and bianca has been added to the Massage sandal range and two colours — indigo and mocha — added to the Massage sandal.

Packaging for the footwear range has been redesigned for greater impact on the shelf. Individual labels describing each product will be attached to every pair of sandals.

Scholl's rotary display stand has been redesigned to reflect the new packaging and a window display designed for the Massage range. *Scholl Consumer Products.* Tel: 0582 482929.

SCOTCHEM CORNER

NPA gets set for Scotchem

"I am, and will always be, regarded by Scottish members as a Sassenach," says Tim Astill, group director of the National Pharmaceutical Association. "But by London and St Albans standards I am a northerner so I am very sensitive to the accusation which we sometimes hear that 'it all happens in London'."

"We go out of our way as an Association to arrange seminars, conferences and meetings in all parts of the United Kingdom and I am therefore very glad that MGB Exhibitions are returning North of the border and giving us an opportunity to participate in the newly revamped Scotchem."

The NPA business services department will be present together with senior executive staff and Board members. Mr Astill looks forward to meeting members, and if questions cannot be answered on the spot promises a written or telephoned reply.

Hadley Hutt Computing will be exhibiting their Pills system at Scotchem '91. The software has been written by a practising pharmacist and the system is NPA recommended. The system's unique feature is the ability to generate personalised patient information leaflets. Personal demonstrations and the opportunity to use the system for a four week trial is offered. Pills also features drug interactions, automatic ordering, nursing home reports, and software for Manrex and Nomad unit dose systems.

Beauty International, owner of the Henara haircare range and Fashion Style home perm kits, will

be exhibiting its products, both of which are on promotion during the show.

Coty are promoting their self tanning products at Scotchem. New for the show will be the Soleil D'Or tan developer. Priced at £4.50 for 100ml it is said to promote a golden tan and has a pleasant fragrance.

Laughton & Sons are showing four of their brands — Lady Jayne haircare, Twinco toiletry accessories, Manicare and the new Petite range of hair accessories for young consumers.

GAP's line of oral care products will see a new addition this year — Rinse n Smile effervescent oral rinse tablets. The product is blister packed and offers a change from the bulky liquid mouth washes, says the company. During the show GAP will be offering an introductory case containing four packs of each of their three products at discount rates.

GAP are also to launch a personal hygiene aid, Sleep Guard. This is a disposable bed sheet designed to repel disease spreading insects, such as hair and body lice, bed bugs and mosquitos. The odour free product is ideal for travellers to developing countries, camping parks, hostels, and for all situations where occupancy of beds or sleeping quarters regularly changes.

John Richardson Computers will be demonstrating their latest pharmacy labelling systems and Epos, which are designed to link together to create and transmit orders to any UK wholesaler. The system is usable without having to spend weeks entering correct prices, stock and re-order levels, claims the company. Sales can be made easily for items without barcodes and there is a full on-screen alphabetical search to assign new bar codes.



How Asilone succeeds where others don't.

Unlike products that simply block reflux by rafting action, Asilone attacks the cause of indigestion and heartburn: excess acid.

It neutralises gastric acid and combats wind, whilst gently soothing the stomach lining.

The balanced formula of Asilone Liquid offers both fast action and a lasting effect. In addition, Asilone is extremely low in sodium, which makes it suitable for people on low-sodium diets.

This is why so many doctors prescribe Asilone. And why it's the leading pharmacy antacid.

Your recommendation for indigestion



4,000,000

4,000,000 people are putting Sweetex in their drinks and

CUSTOMERS

on their food, so we're putting Sweetex on their TV's. We're

SHOULD PUT

spending an unrivalled £3,000,000 on our new campaign.

A SMILE ON

That way we'll keep the number one Sweetener number one.

YOUR FACE





SCRIPT SPECIALS

Temgesic tablet range gets extended

Double-strength Temgesic sublingual tablets, containing 0.4mg buprenorphine, will be available from February 1.

Like the original, they are indicated for the relief of moderate to severe pain at a dosage of 0.2-0.4mg every 6-8 hours or as required. The legal category is CD (Schedule 3) POM.

The new strength is intended to help prescribers continue to control cancer pain as the condition progresses, while maintaining a convenient dosage regimen, say Reckitt & Colman.

The white, biconvex tablets are engraved on one side with a 4 and on the other with a sword



symbol. They come in packs of 50 (£12 trade). Reckitt & Colman Pharmaceuticals. Tel: 0482 26151.

Urine test for albumin

Micral-test, developed by Boehringer Mannheim, is a new test strip which can detect minute traces of albumin in the urine. It is not prescribable on FP10.

It will help physicians to detect early signs of kidney disease in diabetes, enabling them to take action to prevent nephropathy and possible renal failure. Studies have shown that 80 per cent of diabetics who develop nephropathy show a minute rise of albumin in the urine long before there is any other manifestation of the disease. Strict blood glucose control and blood pressure lowering at this early stage can prevent progression of kidney damage.

Based on immunochemistry, Micral-test can detect albumin concentrations as low as 10mg/l in a single stage process taking just over five minutes. A range of possible colour changes of the test strip gives a semi-quantitative estimate.

The product is first being made available only to consultant diabetologists and diabetes teams in hospitals and clinics. A vial of 30 strips costs £30.

Patients are likely to be tested only once or twice a year to monitor progress. Timing is a crucial factor in the test, so it is unlikely to become available to the public in this form. Boehringer Mannheim UK. Tel: 0273 480444.

BRIEFS

Schwarz Pharma will, from February 1, be the sole distributors of Menzol tablets. Schwarz Pharma Ltd. Tel: 0494 772071.

Norton have added dipyridamole tablets 25mg (100 £3.69), and 100mg (100 £9.47, both prices trade), to their range. In addition, their salbutamol aerosol cartons are now available with braille overprinting. H.N. Norton & Co Ltd. Tel: 081-8070777.

Astra have introduced a 250ml size of Foscariv (£32.15 trade), their antiviral treatment for cytomegalovirus retinitis in AIDS patients. Astra Pharmaceuticals Ltd. Tel: 0923 266191.

SK&F say that following the change in legal status from POM to P of Fefol, Fefol Z, Fefol Vit, Feospan, Fesovit Z and Z Span Spansules, changes have been made to their packaging. Residual stocks of the old packs should be run down in early 1991. Until the P packs are available, the POM packs should not be supplied without a prescription as the labelling does not include all the warnings that are required for P products, say Smith Kline & French Laboratories. Tel: 0707 325111.

Merck Sharp & Dohme have transferred responsibility for the promotion and distribution of the Moduretic and Sinemet ranges to Du Pont Pharmaceuticals, following of a joint venture between the companies. Du Pont will also assist MSD in the promotion of Pepcid-PM, but its distribution will remain unchanged. Du Pont Pharmaceuticals Ltd. Tel: 0438 734634.

Trifyba reappears for NHS prescriptions

Sanofi have relaunched Trifyba sachets, prescribable on the NHS from this month.

Trifyba is a light brown powder containing 80 per cent fibre derived from wheat husks. This type of fibre speeds up intestinal transit time, say Sanofi.

It is indicated for colonic and gastrointestinal disorders where a high fibre regimen is indicated, including simple constipation, and conditions where straining at stool should be avoided.

The dosage is one sachet two or three times daily in adults, and half to one sachet once or twice daily in children. It should be taken mixed with food or liquids.

Trifyba (56 sachets £3.36 trade) is suitable for cardiac, renal, and diabetic patients as it contains negligible sodium and no sugar. It is also virtually free from phytic acid, making it suitable for patients at risk of mineral depletion, say Sanofi Pharma. Tel: 061 945 4161.

Products that work — for you and your customers

KEST⁺

LAXATIVE TABLETS
A gentle yet highly effective laxative with strong customer loyalty
Packs of 50



CHARCOAL COMPOUND TABLETS

Carbella⁺

For the treatment of indigestion, flatulence, dyspepsia, hyperacidity
Packs of 50 and 250 tablets

ORAL PROCAINE CAPSULES

Plastic boxes of 30 and 150



BRONCHIAL MIXTURE

Extremely effective expectorant mixture which also soothes irritating coughs 100ml pack

NATURAL FORMULA

BuZ Rel⁺

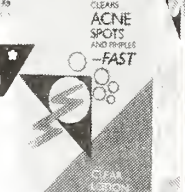
INSECT REPELLENT WIPES
Individually sealed moist wipes containing synergised natural pyrethrum. Protects against midges, mosquitoes etc. for up to 16 hours
Attractively packed in 10's for impulse purchase and recommendation



TORBETOL⁺

ACNE LOTION

A non-keratolytic bacterial lotion for spots, pimples and Acne. Promotes rapid healing by destroying pimple-producing bacteria
New 50ml pack for over-the-counter sales



These products are available from your local wholesaler and promoted direct to your customers.

Torbet

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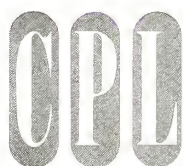
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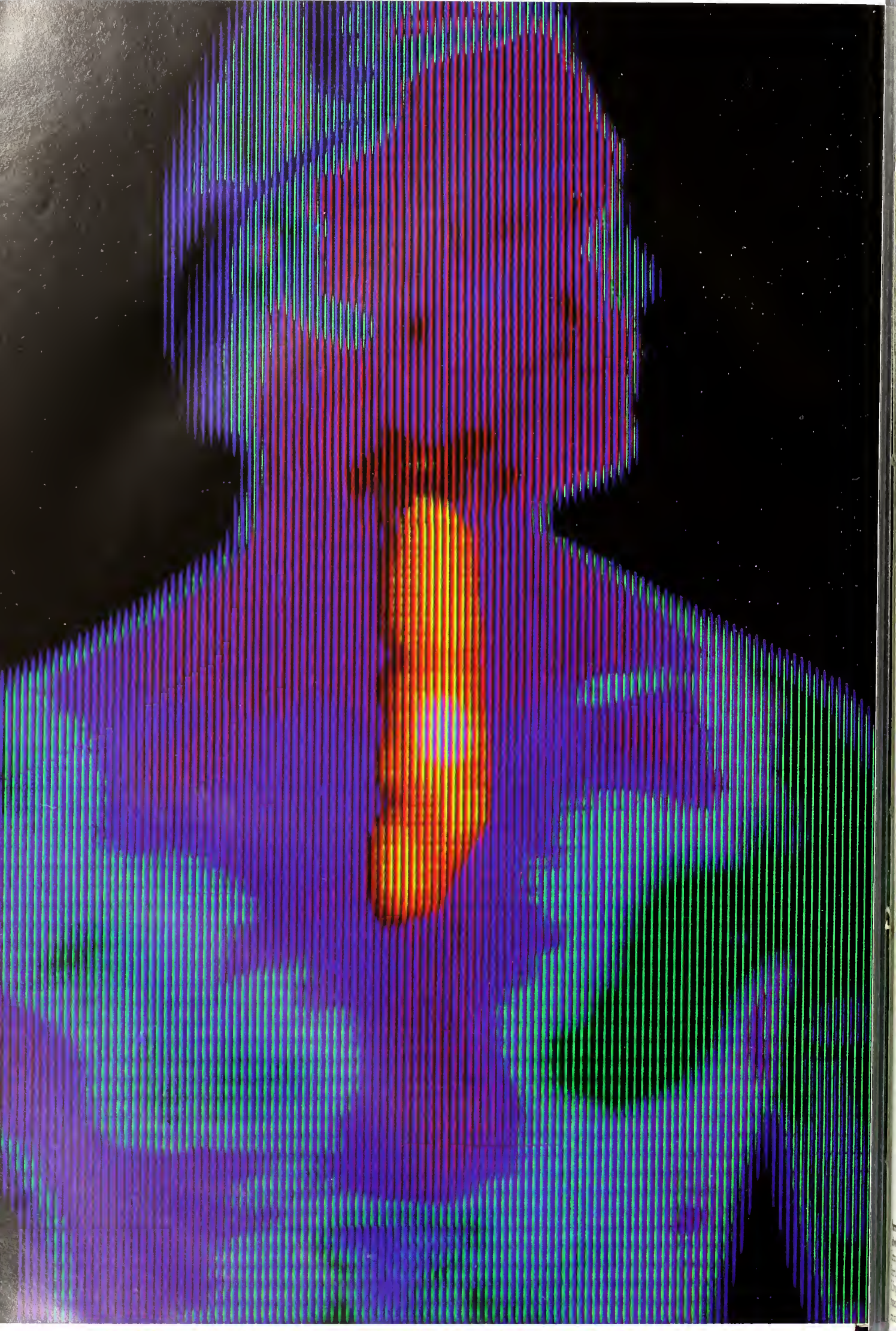
They join our growing portfolio of products. So well-known names such as Migraleve and Migralift can now be ordered along with Aludrox the indigestion

remedy and the latest addition to our portfolio, Stoppers, to help smokers give up cigarettes. All are dispensed direct from our headquarters, so now you can find the whole pack in one place and order in one go - just call us at Charwell Pharmaceuticals Limited.



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Pharmacy Prescribing Information

Active Ingredients: *Liquid:* Sodium Alginate BPC 500mg, Sodium Bicarbonate Ph.Eur. 267mg, Colcium Carbonate Ph.Eur. 160mg per 10ml dose. *Gavison 250 Tablet:* Alginic Acid BPC 250mg, Sodium Bicarbonate Ph.Eur. 85mg, Aluminium Hydroxide Gel BPC 50mg, Magnesium Trisilicate Ph.Eur. 12.5mg per tablet. **Indications:** *Gavison Liquid:* Heartburn, including heartburn of pregnancy, dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. *Gavison 250:* Heartburn and acid indigestion. **Contra-indications:** None known. **Dosage Instructions:** *Adults and children over 12:*



*10-20ml, children 6-12: 5-10ml liquid after meals and at bedtime. Gavison 250 Tablets: Adults and children over 12: 2 tablets to be chewed thoroughly as required. Children under 12: not recommended. Note: 10ml liquid contains 6.2mmol sodium. One Gavison 250 tablet contains 1.02mmol sodium. Both liquid and tablet forms of Gavison are sugar-free. Product Licence Nos: 44/0058 Liquid Gavison, 44/0103 Gavison 250. Further information is available on request from: Reckitt & Colman Products, Donsom Lane, Hull HU8 7DS. * Gavison is a registered trade mark.*

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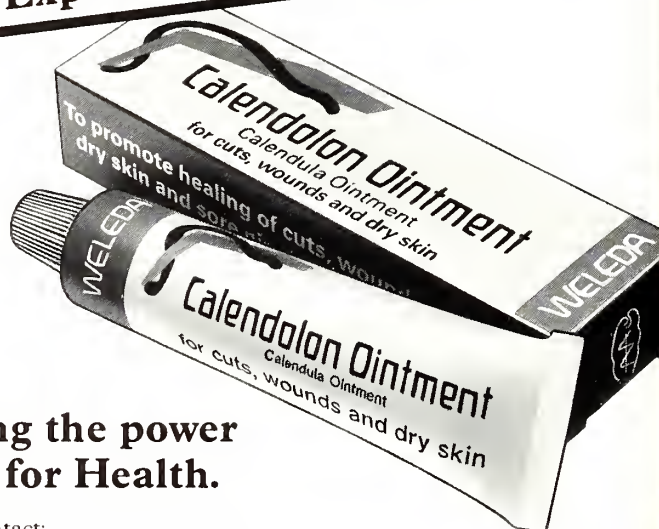
Calendolon Ointment is specially formulated for cuts, abrasions and minor wounds.

Also available—Weleda Calendula Lotion and Weleda Calendula Toothpaste. From chemists and health stores.

WELEDA

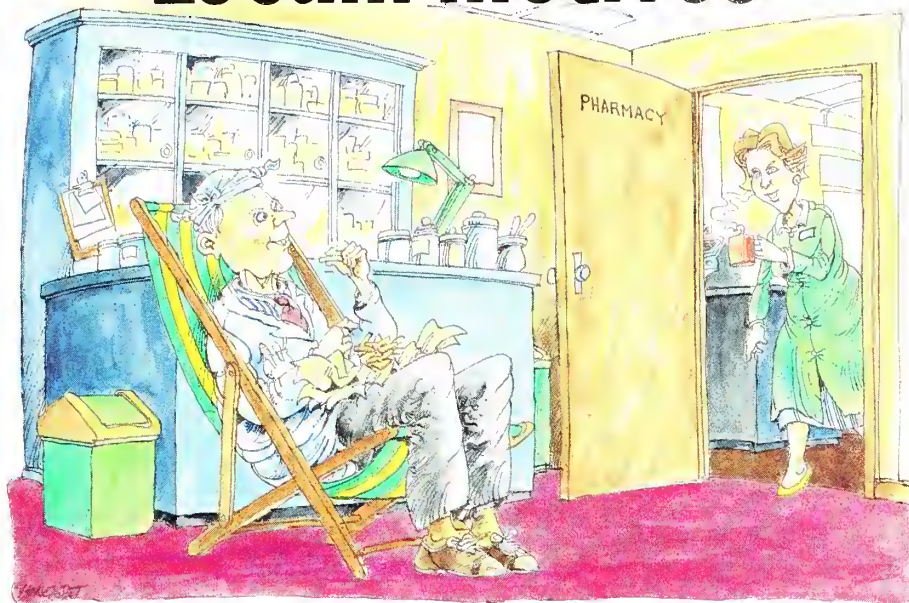
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A hospital pharmacist in the community, Adrian Brown ponders his reasons for crossing the great divide.

Locum motives



"Why on earth do you do it! Surely you don't need the money?" asked a colleague incredulously upon hearing I was taking a week's leave from my hospital base to do a community pharmacy locum. I had to admit that the money would indeed come in useful, due more to my financial incompetence than to my NHS salary being disastrously low, although this had indeed been a problem in the past. Apart from the extra cash, there was another reason why I felt impelled to forfeit a week of my precious annual leave.

In the ten years since I qualified, I have devoted my career to hospital pharmacy and have been very satisfied with my job content, and haven't complained about my wallet content over much. Of course, there have been occasions when I have had to defend my chosen career to many people, including my wife, who was still not earning as much as the adverts offered newly qualified entrants in the community sector.

With increasing mortgage and family commitments, my decision to stick with hospital pharmacy was indeed hard to justify, at times even to myself! I thus found it therapeutic to immerse myself in community pharmacy for a set period of one week each year to regularly test my conviction that hospital pharmacy was indeed the career for me.

From my present vantage point (no pun intended) in a pleasant pharmacy in the North West of England, I can honestly say that I am thoroughly enjoying this year's excursion into the real world. One of the quietest shops I have ever worked in, the Melamine worktops of its newly refurbished dispensary glisten with comforting cleanliness. Not being the proprietor, I can afford to enjoy the shop's relative tranquility — would that all locums were like this!

My enjoyment of such calm does not automatically reflect the fact that I am lazy, but has rather more to do with the appalling levels of stress suffered by community pharmacists in busier establishments. In my humble experience, there is almost invariably a strong

correlation between prescription throughput (hence profitability) and the degree of chaos (hence stress) in each of the premises I have worked. The larger fees offered for working such locums are seldom commensurate with the hassle involved. I recall especially the mixed emotions experienced at the end of a typical day: feelings of relief and disbelief at having survived the ordeal combined with uneasiness of being unable to register how I had got through it.

Contrast this type of locum with the one I am now experiencing. I don't know what represents an ideal prescription throughput from the professional point of view, but I suggest prescriptions should be adequate in number and variety to enable the pharmacist to apply professional acumen throughout the working day, but not be so numerous as to seriously disrupt his slow wave sleep characteristics at night. This present locum comes about as near to an ideal as it is possible to get.

Taken together with its excellent counter staff, the strong rapport clearly existing between the usual pharmacist and his local clientele, with ample opportunities for counselling which I have relished, this locum represents a formidable challenge to the most die-hard of hospital pharmacists. I cannot fail to note also that the owner/manager of the shop goes away with his family to sunny climes at least twice a year, runs a smarter and newer car than I do, and lives in a larger "des — res". All this, despite the shop's comparatively low level of workload, and the necessity to pay locums the going rate in order to take holidays. It seems as though the boss may have the balance about right.

I suppose the most noticeable changes I have observed in my ten week decade in community has been the march of technology, which has largely mirrored similar developments in hospital practice. Ten years ago hand written labels were the norm; now it is rare for any premises not to possess its own computerised labelling and stock control system, often combined with patient

medication records, as in my present premises.

Although an efficient system, it is apparent that only records for a small proportion of regular patients are contained within it. On inquiring of the counter staff why this should be so, it seems that many of the otherwise satisfied customers decline to be included within the files, fearing that personal details may be later used against them in some sinister manner. Poll tax paranoia clearly now pervades every aspect of professional activity!

In the light of the modern and excellent computer system it is with some bemusement that I peruse the counter till. Possibly the most valuable aid to a healthy livelihood, an idiot-proof and reliable till is normally regarded a *sine qua non* in a community pharmacy. Imagine my surprise therefore to happen across a pre-decimal machine, converted 20 years ago to handle "new pence", but during its metamorphosis losing its capacity to add up. Its sole function in the shop therefore is as an art-deco money holder which will in future years no doubt come to be more valuable than the shop itself.

Modern technology?

As a receptacle for coinage it performs adequately in purchases of single items. For more complex transactions which exceed my powers of arithmetic, recourse to a 99p solar calculator is necessary and, as luck would have it, one is conveniently adjoined to the till by a lump of Blu-tac. Apart from this small but significant bastion against progress, the remainder of the shop is unashamedly late '80s. Granted, there is no coin-operated blood pressure monitoring machine, or a microwave oven for staff use (despite apparent repeated requests to the proprietor for such a device), but the job lot of fixtures and fittings bears the unmistakable bright beige blandness of the new age.

I suppose as a temp I can afford to enjoy my week, being happily detached from the invoices, VAT returns and other mundane aspects of retail practice. I am often hindered from using the kettle, this task being performed for me at more than regular intervals. As I am indeed "on holiday" from my regular job I allow myself to lapse into holiday mode for my week. While not compromising my diet of limp salad sandwiches and low fat yoghurt, I will indulge myself on locally baked meat pies or a succulent *Evening News* full of fish and chips. I also tend to imbibe much more coffee than I ought to, due largely to its ready availability and to the incessant activity of the aforementioned kettle.

Given all the virtues of my present situation, is there one in particular which provides the non-pecuniary motive why a hospital pharmacist like me wants to immerse himself in community practice for one week each year? I guess that the answer lies in the question. The fact that it is for one week only gives me a glimpse of the other side of my profession with the comforting knowledge that I did, in fact, make the right career decision that decade ago and that my colleagues in community have an extremely exacting and important role to fulfill. More importantly, my week reinforces my conviction that in these times of pharmaceutical turbulence, it is vital for members of all branches of the profession to continue to work more closely together both for the benefit of patients and of pharmacy itself.

Q&A

This 73 year-old lady is a regular client. Your patient records show that this is the first time she has been prescribed terodiline which she says is for urinary frequency and incontinence. She has been receiving repeat prescriptions for amitriptyline for depression and bendrofluazide for hypertension for several years.

| | | | |
|---|--|--------------------------------|--|
| Age under 12 years | | Initials and one full forename | |
| yrs. mths. | | | |
| Address | | | |
| No. of days treatment | | NP | |
| NB. Ensure dose is stated | | Pricing Office use only | |
| <p>R Terodiline 25mg bd (60)</p> <p>Amitriptyline 25mg nocte (90)</p> <p>Bendrofluazide 5mg mare (90)</p> <p>Potassium SR Tbd (180)</p> | | | |
| Factor | | Date | |
| <p>IMPORTANT Read notes overleaf before going to the chemist</p> <p>Form FP10 (Wales) (Rev 12 77)</p> | | | |

QUESTIONS

1. How might her long-term drug therapy affect urine flow?
2. What might explain a recent increase in frequency?
3. Is her treatment appropriate?
4. What other comments would you make?

ANSWERS

1. Amitriptyline has anticholinergic activity and may cause urinary retention. Bendrofluazide increases urine flow acutely but not during chronic use.
2. Urinary frequency may be due to an underlying pathology, including such diverse problems as infection or even diabetes insipidus, when other symptoms (eg polydipsia) are present; these clearly require specific therapy. Alternatively, reduced bladder filling capacity and sphincter incompetence may be associated with ageing. However, a change in drug therapy may also contribute. Compliance is poor with

antihypertensive drugs: has she been taking bendrofluazide regularly or has she recently increased the dose? Even discontinuing amitriptyline could conceivably alter customary toilet habits in the short term. These are worth exploring with the patient and the GP before beginning treatment with another drug.

3. No. With the addition of terodiline, she will be taking four different drugs and a total of six tablets daily and compliance will inevitably be affected. The dose of terodiline is too high for an elderly person: it should be 12.5mg twice daily, at least initially. Although they may be valuable in elderly people, the use of slow-release potassium supplements is now declining in favour of potassium-sparing diuretics. These are available in combination with thiazide diuretics and may help compliance; they are appropriate provided that renal function is not markedly impaired.

4. The anticholinergic effects of terodiline will be additive with the adverse effects of amitriptyline. It may be worthwhile to test whether a small increase in the dose of amitriptyline would satisfactorily control urinary frequency without undue complications. Alternatively, the continuing need for amitriptyline could be reassessed.



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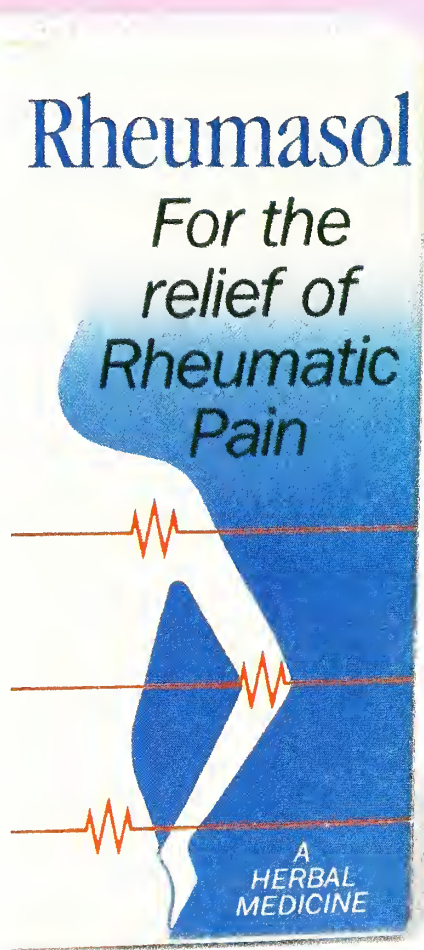
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Is there a Serious Herbal Alternative for the relief of Rheumatic Pain?

For years people have turned to synthetic pain relievers as a respite against rheumatism, but, until now, there hasn't been a high profile herbal alternative that you can recommend with confidence.

Rheumasol is different. It is a GSL licensed herbal preparation that has been specifically prepared to tackle the problems of rheumatism head on.



There are no contraindications and, because of its herbal origins Rheumasol should appeal greatly to the growing market for natural remedies.

Supported by full colour advertising in women's press and a range of P.O.S. material (including an informative leaflet), Rheumasol is the herbal alternative for rheumatism.

And it's serious.



New Year cold care resolutions — the forum for success

An education drive to encourage greater awareness among the public about the treatment of common ailments such as colds and sore throats is, say Crookes Healthcare, vital if we are to effectively support appropriate self-medication of this kind within the community. As makers of the leading Strepsils and Karvol brands, the company is taking the initiative to promote the role and benefits of cold care in the pharmacy and to help fulfil the true market potential for the year ahead



The panel at Crookes' Cold Care Forum (left) with Strepsils and Karvol brand manager Andrew Portsmouth at the podium

Although relatively benign and self-limiting, colds form a large body of minor illnesses on an all-year-round basis. Studies show that one in three people consult their GP each year for respiratory complaints, the most prevalent of which are colds, influenza and sore throats. Indeed 17 per cent of certified incapacity for work in this country is caused by respiratory infections of this nature. Despite this, there exists a sense of apathy among many people in actively seeking to "manage" or minimise the resulting symptoms — which are often considered as inevitable to suffer as the possibility of catching the initial infection itself.

While the OTC offering has become more advanced in recent years to

counteract the effects of infection — primarily sore throats and nasal congestion — Crookes Healthcare firmly believe that the resulting benefit which should now exist is still being under-exploited by the public. This, they report, is primarily due to a lack of awareness both in how they may treat themselves and in their appreciation of the improved efficacy, palatability and convenience of remedies available to them. The company, therefore, is investing heavily in cold care education with a major Winter Healthcare campaign, targeting its communications to the media and healthcare professionals as well as the public at large.

The recent Strepsils and Karvol Cold

Care Forum is a classic example of the scale of this investment, as the first media conference of its kind for healthcare, medical and consumer journalists. The presentation, which was headed up with a panel of cold care experts included Ros Meek of the Health Visitors Association, who highlighted the surprising number of people in the community who are particularly at risk. This provided a highly relevant environment to consider the many myths and misconceptions held about the common cold in the short-term, as well as the longer term implications for community care.

Dr Robert Reekie, medical advisor to Crookes, who was one of the guest



speakers at the event, emphasised the need to demonstrate cold care in a more preventive light. "Simple colds have a natural course of seven to ten days after which symptoms will resolve — irrespective of treatment. This does not mean to say that treating these symptoms is unimportant, as we can all feel considerably more comfortable with symptomatic therapy such as that which is found in pharmacies. The medical management of colds depends essentially on the severity of the illness and on the individual concerned. In otherwise healthy adults, colds will usually spontaneously resolve and the important treatments are symptomatic and related to decreasing nasal congestion, in tandem with relieving sore throats, coughs and headaches."

Educating Rita

The starting point for educating the public appears to be fairly fundamental, according to the findings of Crookes' public healthcare video survey which was screened at the conference. It revealed much confusion over basic knowledge — from knowing whether antibiotics can help to treat a cold to what constitutes the normal body temperature. Andrew Portsmouth, responsible for both Strepsils and Karvol brands, says of the media reaction: "The difference between perceived consumer understanding and the reality of the video surprised our audience and served well to underline that it is an essential topic to cover for the future, particularly in consumer and parentcare publications, if we are to create a more informed and confident consumer."

On a more positive note, the National Pharmaceutical Association's "Ask Your Pharmacist" campaign messages have already made an obvious impact on the public, and the majority of respondents questioned spontaneously advocated a visit to their local pharmacy for general healthcare advice. Crookes are fully supportive of the pharmacy role and have committed funds and a variety of expert resources to develop the proposition in store, backed by an intensive advertising

and PR campaign.

There is, of course, a danger of pharmacists' time being taken over by customer care, and it is estimated that 60 per cent of customers are likely to take advantage of his professional status at the current time. Since this over-the-counter recommendation results in 90 per cent of those purchases being made in direct accordance with the selected products, the sales reward is well worth the time investment — hut Crookes feel there is a valid rationale for strategically positioning pharmacy staff to share the load.

Training is the vital ingredient

"Trained staff with a sound working knowledge of the remedies they sell is key to taking full advantage of the lucrative peak Winter sales pattern," says Andrew Portsmouth. "But it is usually not feasible for pharmacists to invest trading time in staff briefings, especially with such a broad portfolio of products. We have been researching the best means of supporting them without eroding into their day's work — and elected to undertake the training role on their behalf."

The much talked about video survey forms an integral part of the company's staff training initiative — the Crookes' cold care roadshow. It provides a lively, informative, early evening session for pharmacy assistants on the subject with an experienced team on hand to ensure the maximum benefit is gained. The video presentation which is employed here also incorporates specialist advice from Dr Frances Peck, Crookes Family Healthcare Consultant, who explodes common cold care myths, and highlights the questions your customers are most likely to ask. In addition, Crookes have produced tailor-made "Q&A" kits for pharmacy assistants, written by Dr Peck, which are accompanied by copies of their newly-launched consumer literature covering both brands. The Strepsils booklet contains general guidelines on a wide range of family illnesses from flu to sore throats, and for Karvol, a helpful guide to sleep problems in

young children with likely causes and hints on how to cope with the various problems that can arise.

Preparing peak sales

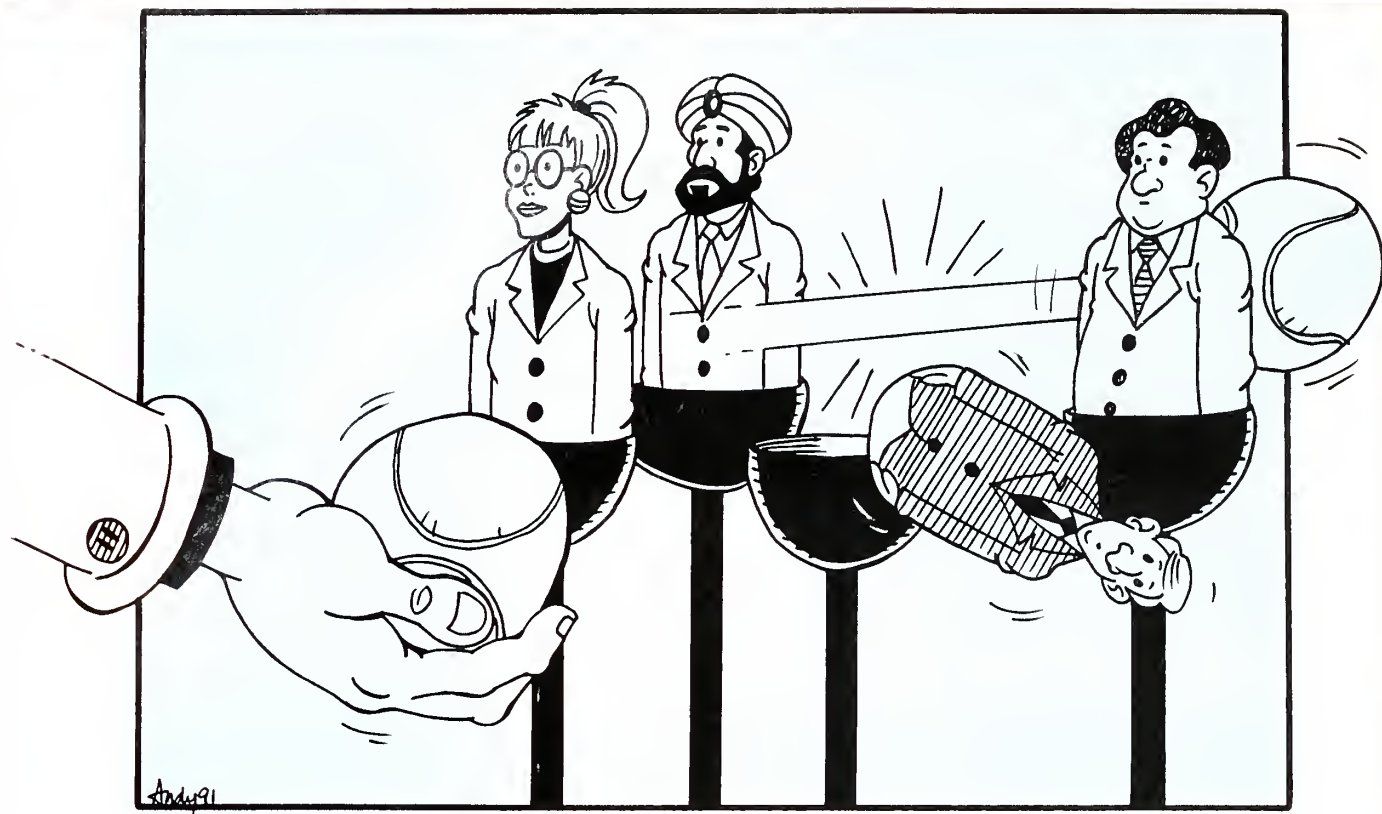
- January/February is usually the most sales-intensive bi-monthly period for both sore throat remedies and nasal decongestants; therefore Crookes recommend creating a stock reserve in the likely event of colds and flu reaching epidemic proportions, monitoring rate of sale more frequently to avoid out-of-stocks.
- Advertising for both Strepsils and Karvol are proven to boost brand sales — in their last campaigns by 10 per cent and 28 per cent respectively where stocked; so stand by for the new Strepsils TV commercial which breaks this month.
- Maximise the known inclination towards impulse purchase with counter-top displays; Crookes have supplied merchandising units for both brands, available from your local representative.
- The most profitable fixture will give precedence to the most established brands with proven medicinal benefit; Strepsils and "serious" lozenges such as Dequadin or Dequacaine in throat remedies; Karvol and vapour ruhs in cold decongestants.
- Don't let sales slip once the peak period is over; 40 per cent of all sales are achieved between April and August with the increased incidence of Summer colds predicted to climb once again in 1991.

Cold War: who's at risk

Colds and flu affect all members of the community from the youngest to the oldest. Although all of us will suffer with the symptoms some are more vulnerable than others:

- New born babies have little resistance to infection unless they are breastfed, and a cold in a young baby can lead to more sleepless nights for everyone. The Health Visitors Association advises mothers to keep new born babies at home for at least the first two weeks.
- Young children become more vulnerable when they start to mix with others and particularly when they enter playgroup or nursery school. Most colds and sore throats are infectious before they have symptoms so it is useless keeping children away from others unless they are feverish or have other severe symptoms of flu.
- The elderly are very vulnerable to colds, sore throats and flu, and infection may follow — pneumonia, bronchitis and laryngitis are common problems.
- Anyone not eating a varied and well balanced diet will also be more at risk from colds and sore throats. Most of us know what we should eat for optimum health, but there are many members of society who are unable to because of low income, homelessness, depression or isolation.

Countless days are lost to industry and commerce through staff sickness due to these common illnesses, and yet despite countless years of research we are still unable to stay ahead of the new strains of flu and cold as they hit this country each year. For more information please contact: **Crookes Healthcare Service, 5th Floor, 37 Golden Square, London W1R 4AH. Tel: 071 439 7227.**



Discipline and dismissal: the parting of the ways

Dismissal can be unpleasant for employee and employer alike, but it is something most people in business have some experience of sooner or later. Following *C&D*'s series on personnel management, the NPA's legal executive Glyn Walduck looks at disciplinary procedures and outlines the correct way to let an employee go

Quite possibly one of the most awkward and uncomfortable tasks for any employer to undertake is the disciplining of staff.

Unfortunately, even in pharmacies, from time to time matters arise which necessitate the implementation of disciplinary procedures and the purpose of this article is to give basic guidance on how to effect disciplinary action firmly but fairly, if need be through to dismissal.

No matter how small the business, all employees should be issued with a statement containing their main terms and conditions of employment within 13 weeks of commencing employment. This should include particulars of wages/salary, hours of work, holidays, sick pay, pension, grievance and disciplinary rules or procedures. It is acceptable for this to refer to other documents which give full particulars of disciplinary rules and procedures.

At the very least a copy of the disciplinary rules and procedures should be displayed in a prominent position in the pharmacy, for instance on the staff notice board, and all employees should be aware of their existence and understand them.

Gross misconduct

Such disciplinary rules should cover issues such as time keeping, health and safety at work, handling of medicines, cash handling, and security procedures and any other matters specifically relevant to the running of the pharmacy.

In addition, the types of misconduct which will normally result in disciplinary action should be listed and include, by way of example, persistent lateness and unauthorised absence.

The types of gross misconduct which can lead to the instigation of the discipline procedure and possible dismissal should also be written into the disciplinary rules, and include fighting, stealing, breaches of cash handling procedures, gross insubordination, incapability of work through alcohol or drugs, and so on. The list is not exhaustive.

The procedures should inform staff of the different stages in the disciplinary machinery. For example, a minor breach of discipline such as lateness for work without reasonable excuse could lead to an oral warning.

However, persistent lateness or unauthorised absence could result in a written

warning being issued, and continuing breaches or failure to improve could lead to a final written warning, and beyond that, dismissal.

Of course, each breach of discipline is to be considered on its merits, and the procedure may provide for some or all of the stages to be omitted. In cases of gross misconduct dismissal may be appropriate without previous warning.

Staff must also be advised of their right of appeal at all stages of a disciplinary process. Generally an appeal should be made within seven days of the decision and be determined if possible by a director or partner who has had no dealings with the initial disciplinary interview. If this is not possible, particularly when the pharmacist is the sole proprietor, the employee is still entitled to ask (preferably in writing) for a review of the original decision. This should be carried out by the proprietor as impartially as it can be done.

In many cases where there has been a minor breach of discipline, such as an employee reporting late for work or not performing properly, a quiet word or "suitable conversation" can have the desired effect and no further action need be taken. In

circumstances where this line of approach fails or is inappropriate an interview should be arranged with the employee and he/she should be told before hand what is being alleged and their rights under the disciplinary procedure explained. A member of staff is entitled to be represented (if they so wish) by another employee at a disciplinary interview, and if possible the person conducting the interview should have another senior member of staff present. This employee takes no part in the interview other than to witness events and take notes if required by the interviewer.

Preparation for a disciplinary interview is important, particularly if records relating to time keeping, performance and absenteeism are to be referred to. These should be made available to the employee, ideally before the interview takes place, to give the employee an opportunity to prepare his or her case.

It is important that the disciplinary interview should be controlled. The interviewer should open by informing the employee of the purpose of the hearing and outline the facts of the case. The employee must be given the opportunity of answering and stating his or her case, and thereafter questions and discussion should take place to establish and clarify the facts. It is good practice for the interviewer to summarise the salient points of the interview before adjourning to consider the decision.

When the hearing has recommenced the employee should be informed orally both of the decision and the course of action to be followed, and this should be followed up in writing. Any appeal procedure should be explained to the employee.

If events justify the instigation of the summary procedure, for example an employee suspected of dishonesty (breach of cash handling procedures) the employee should be advised immediately of the charge and suspended on full pay pending further investigations. These might include the checking of cash and till receipts and the collation of any other documentary evidence. Suspension should not last for more than two or three days, after which a disciplinary hearing should be arranged and the procedure previously outlined followed. If a decision to dismiss is made, the employee should be paid up to and including the last day worked, but no notice or monies in lieu.

Unfair dismissal

Employees are entitled not to be unfairly dismissed and if their hours of work exceed 16 per week and their length of service is more than two years, or alternatively if they work more than eight but fewer than 16 hours per week over a five year period, they can make application to an industrial tribunal and claim unfair dismissal.

If the industrial tribunal finds against the employer an award of compensation is usually made. Nevertheless, an employee can request reinstatement and this may be ordered if it is considered reasonably practicable for the employer to comply.

The industrial tribunal may also order re-engagement, though the tribunal cannot compel an employer to reinstate or re-engage an employee. But take care, if an order in those terms is made and the employer refuses

to comply, the tribunal can make an additional award of compensation in lieu.

Compensation is usually calculated in two parts. The basic award is calculated by reference to the employee's length of service and permits half week's pay for each year of employment in which the employee is below the age of 22, one week's pay for each year of employment during which the employee is aged 22-40 inclusive and one and a half week's pay for each year of employment during which the employee is aged 41-64 inclusive.

On this basis the maximum entitlement is £5,520. This sum is calculated using the maximum period of service of 20 years (prior to dismissal) and earnings of £184 per week. Any earnings above this figure are disregarded.

There is also a compensatory element which takes into account the employee's future loss of earnings, expenses, lost benefits such as a company car, and pension. The maximum sum that can be awarded under this heading is currently £8,925.

The industrial tribunal also has the power to make an additional award of between 13 and 26 weeks' pay (again the maximum weekly earnings figure that can be taken into account is £184) if an order for reinstatement or re-engagement is not complied with.

Finally, members of the NPA can always seek advice and guidance on disciplinary matters from the NPA at Mallinson House, and in the unhappy event of finding themselves before the industrial tribunal they are entitled to free legal representation by the Association's retained employment consultants.

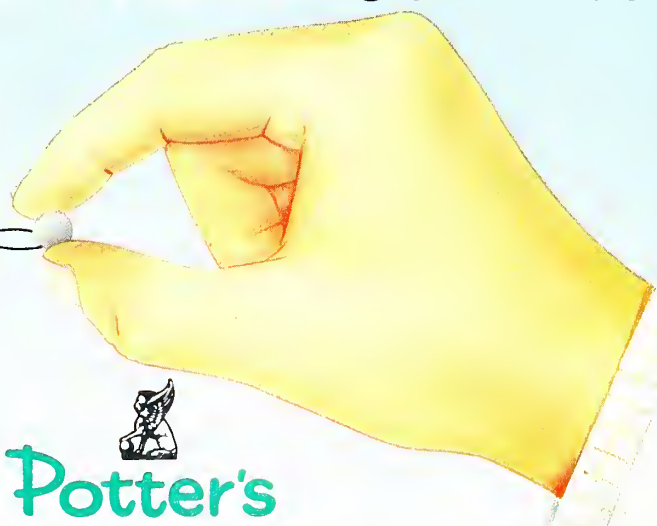
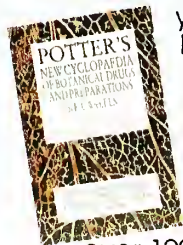
When your customers ask for advice, do they sometimes mention herbal medicine?

And, being honest, do you have enough information at your fingertips to provide the answers?

Perhaps it would help if you owned a copy of Potter's Cyclopaedia which provides comprehensive in-depth references of hundreds of herbs.

Meanwhile we can tell you that as the result of the recent Government review over 100 Potter's products have been granted full licences.

There's never been a better opportunity to improve your herbal medicine business - and Potter's offers the experience, reputation and product range to meet your needs.



Please send me the name of my local wholesaler ☐

Please send me an order form for Potter's Cyclopaedia at the special price of £9.99 (inc p+p) ☐

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PHARMACY ADDRESS _____

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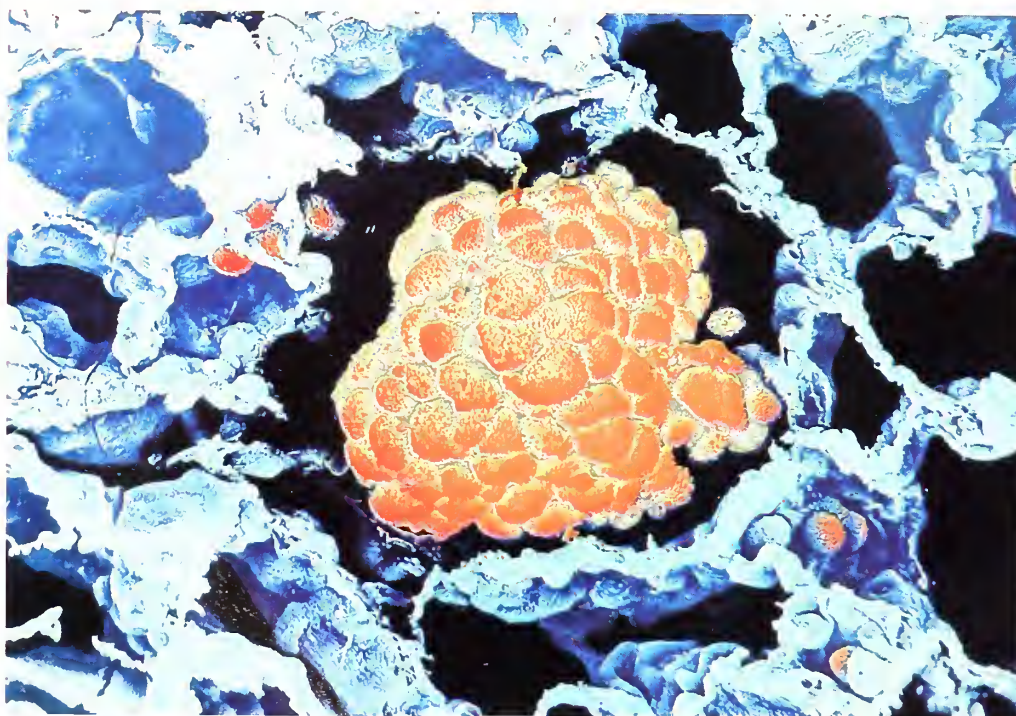
Post to: Potter's (Herbal Supplies) Ltd.,
Leyland Mill Lane, Wigan, Lancs WN1 2SB.

CD/26/1

PHARMACY update

Oncology for pharmacists

The subject of cancer and cancer therapy remains an emotive area, and many people still have a deep rooted fear of malignant disease. In the first of three articles, Ian Bates, MSc MRPharmS, lecturer at the School of Pharmacy, University of London, gives an overview of the disease and its management.



Tumour in lung (Science Photo Library)

To many people, cancer remains an incurable disease, bearing the prospect of an untimely and painful death. In truth "cancer" is a wide range of different pathologies, affecting many different organs and tissue types in many different and varied ways, with many different and varied outcomes to disease progression and therapy.

In 1988 one quarter of all deaths reported in the UK were cancer related, making it the second largest distinct category of lethal illness, with deaths from cardiovascular related disease accounting for about half of all notified deaths. Among women deaths from lung cancer have increased steadily over recent decades and in 1988 accounted for 50 per cent more deaths in women from this disease compared to

1974. In spite of this increase, deaths from lung cancer was still only second to those caused by cancer of the breast; deaths from stomach cancer have fallen by about one third over the same period.

A cancer or neoplasm (new growth) is an uncontrolled multiplication of tissue; this new tissue may invade neighbouring tissues and organs or metastasise to more remote areas in the body, where secondary growths may emerge.

Not all cancers form tumours, and indeed, not all tumours are cancers. Benign tumours tend to remain localised, without any spreading, but can still be lethal due to pressure or obstruction on nearby organs; malignant tumours are far more invasive and hence

tend to be more difficult to treat as localised surgery or radiotherapy is not always possible. Table 1 shows the main types of cancer and terminology.

The management of the many forms of malignant disease has changed considerably in recent years. However, the aetiology is still poorly understood in many cases, and is very clearly of fundamental importance in the overall management; if causative factors can be identified, then changes can be made to reduce the incidence.

Aetiology

Many environmental causes of cancer have been identified, for example azo dyes, tobacco smoke, asbestos, radiation, and

viruses (Table 2). Paradoxically some of the drugs used to treat cancers may in themselves be carcinogenic; alkylating agents, for instance, may predispose to acute myeloid leukaemia, while cyclophosphamide can increase the risk of endometrial cancer in post-menopausal women.

In many cases of these implicated environmental agents it is possible to avoid exposure or contact and thus reduce the risks of inducing malignancy. In other cases this may not be so; some cancers are of genetic or familial origin, for example phaeochromocytoma, neurofibromatosis or familial polyposis coli which predisposes to carcinoma of the colon. In addition, there is evidence that certain ethnic groups have a greater incidence of some types of cancer (for instance, a high frequency of nasopharyngeal carcinoma in southern Chinese people). Care needs to be taken in the interpretation of cancer incidence and racial groupings, as there may well be "local" environmental factors at work rather than any genetic influence.

Diet and nutritional factors have also been implicated as aetiological agents in malignant disease although once again hard data is difficult to obtain, mainly because of temporal differences between ingestion of foodstuffs and eventual expression of any cancerous pathology. Table 3 shows the evidence implicating foods as aetiological agents, although the only conclusive evidence of an established link between ingestion of "foods" and cancer is that between alcohol and carcinoma of the mouth, pharynx, oesophagus and liver. There is also a suggestion that general excessive eating and obesity may predispose to endometrial carcinoma, although this remains tentative.

Table 1 Classification and nomenclature of some tumours

Willis definition of a tumour
A tumour is an abnormal mass of tissue, the growth of which exceeds and is uncoordinated with that of the normal tissues and persists in the same excessive manner after cessation of the stimuli which evoked the change.

| Tissue of origin | Benign | Malignant |
|---------------------------------|-----------------------|-----------------------|
| Epithelium and glandular | papilloma | carcinoma |
| Connective tissue | | |
| fibrous | fibroma | fibrosarcoma |
| adipose | lipoma | liposarcoma |
| Muscular | | |
| smooth | leiomyoma | leiomyosarcoma |
| skeletal | rhabdomyoma | rhabdomyosarcoma |
| cartilage | chondroma | chondrosarcoma |
| bone | osteoma | osteosarcoma |
| Vascular | | |
| blood vessels | haemangioma | haemangiosarcoma |
| lymph vessels | lymphangioma | lymphangiosarcoma |
| Lymphoid | | |
| Mesothelium | benign lymphoma | malignant lymphoma |
| Synovium | mesothelioma | malig. mesothelioma |
| | synovioma | synovial sarcoma |
| Nervous tissue | | |
| Peripheral nerves | neuroma | |
| Nerve sheaths | neurofibroma | neurogenic sarcoma |
| Glial | glioma | glioma |
| Nerve cells | ganglioneuroma | neuroblastoma |
| Other tissues | | |
| Pigmented cells | nevus | melanoma |
| Adrenal medulla | phaeochromocytoma | phaeochromocytoma |
| Multipotential cells | teratoma mixed tumour | teratoma mixed tumour |

Less uncertain is the aetiological influence of some infections as causes of cancer, with the majority being of viral origin. Hepatitis B has been linked with hepatoma, and HIV infection

Table 2 Cancer related environmental risks — some established aetiological agents

| |
|--|
| Combustion products of hydrocarbons (<i>carcinoma of bronchus, scrotum</i>) |
| UV radiation (<i>carcinoma of skin</i>) |
| 4-amino-diphenyl (chemical workers) (<i>carcinoma of bladder</i>) |
| Arsenic (copper smelters, sheep dip manufacturers) (<i>carcinoma of bronchus, skin</i>) |
| Benzene (<i>leukaemia</i>) |
| Ionising radiation (<i>Carcinoma of bronchus, skin</i>) |
| Hardwood dust (<i>adenocarcinoma of nasal sinuses</i>) |
| Vinyl chloride (PVC manufacture) (<i>angiosarcoma of liver</i>) |

Table 3 Foods and cancer — possible candidates as aetiological agents

- Aflatoxin — produced by *Aspergillus flavus* suspected of causing carcinoma of the liver.
- Bracken fern has been linked with oesophageal carcinoma.
- Vitamin A deficiency may be associated with bronchial carcinoma.
- Chronic lack of fresh green vegetables has been linked with increased risk of stomach cancer.

with Kaposi's sarcoma. Carcinoma of the cervix is associated with papilloma viruses, which can be sexually transmitted. Infection with *Schistosoma haematobium*, a parasitic agent, leads to an increased risk of squamous cell carcinoma of the bladder.

Radiation is a well known aetiological factor, as follow ups of workers exposed to radiation or survivors of atomic blasts have demonstrated. There are several recognised cancers associated with ionising radiation, including the leukaemias (except chronic lymphatic leukaemia), osteosarcoma and carcinomas of the breast, bronchus and thyroid. Ultraviolet radiation is also known as a causative factor in skin cancers, particularly melanoma in whites.

Staging

No chemotherapeutic agent (at the moment) is specific in action, and all of the 30 or so anti-cancer drugs available will have undesirable effects on normal tissue.

The extent to which patients should be subjected to the unpleasant effects of these agents will depend upon the tumour being treated, the extent of the cancer, and the age, condition and attitude of the patient. It is vital therefore that staging of the cancer is performed, so that these factors can be objectively weighed and the most appropriate mode or combination of therapy can be initiated.

Staging not only provides a guide to the treatment and the

prognosis, but enables clinicians to compare cases and evaluate trials, and is vital in terms of therapeutic research progress. The most widely used system of staging is the TNM (tumour, nodes, metastases) which provides information on the location and fixation to local tissues, tumour bulk, involvement of lymph nodes and metastases. Some specific types of cancer have their own particular staging system, which is more appropriate for that cancer (for example, the Ann Arbour staging system for lymphoma).

Treatment options

One of the purposes of staging is to act as an aid to further management. For localised tumours and disease, this will mainly comprise surgical excision or radiotherapy (or a combination of both). Drug treatment is usually used with more invasive disease as an adjuvant treatment mode. Neo-adjuvant therapy is a term used to describe drug treatment that is given before the use of surgery or radiotherapy, and is currently being investigated for a number of tumours, notably early breast cancer.

Anti-cancer drugs are highly toxic and carry with them serious side effects which need to be carefully considered before commencing treatment. The likely balance between toxicity and benefit needs explanation for the patient.

Many curable cancers occur in younger patients, which paradoxically can be rapidly fatal if left untreated; short term toxicity arising from drug treatment, however severe, can thus be justified (Table 4). Combination chemotherapy is common, and anti-emetic therapy (often incorporated into a local treatment policy) is vital, and an area which has been proven to have scope for influential pharmacy involvement.

More commonly, some types of tumour may be sensitive to chemotherapy, but are seldom curable by drugs or hormonal therapy (Table 5). Chemotherapy which tends to be very toxic and unpleasant is therefore less acceptable. For treatment where there is little evidence of long term benefit, single drug treatment is normally used to reduce overall toxicity.

Table 4 Curable malignancies (possible cures by using combination chemotherapy)

- Acute myeloid leukaemia
- Acute lymphoblastic leukaemia
- Ovarian carcinoma
- Choriocarcinoma
- Testicular seminoma
- Testicular teratoma
- Hodgkin's disease

Table 5 Cancers sensitive to drug treatment (chemotherapy or hormonal), but which are generally incurable

- Breast cancer
- Bladder cancer
- Prostatic cancer
- Soft tissue sarcoma
- Myeloma
- Small cell carcinoma of bronchus
- Chronic lymphatic leukaemia
- Chronic myeloid leukaemia

Malignancies that are incurable and unresponsive to drug therapy are listed in Table 6. The use of drugs in these conditions may be regarded as experimental and confined to clinical trials, with no definite survival benefit having been demonstrated to date. Remember that these are all general lists, and occasional benefit is seen in some individuals, for instance, with the use of 5-fluorouracil in colonic cancer.

Table 6 Unresponsive cancers to chemotherapy

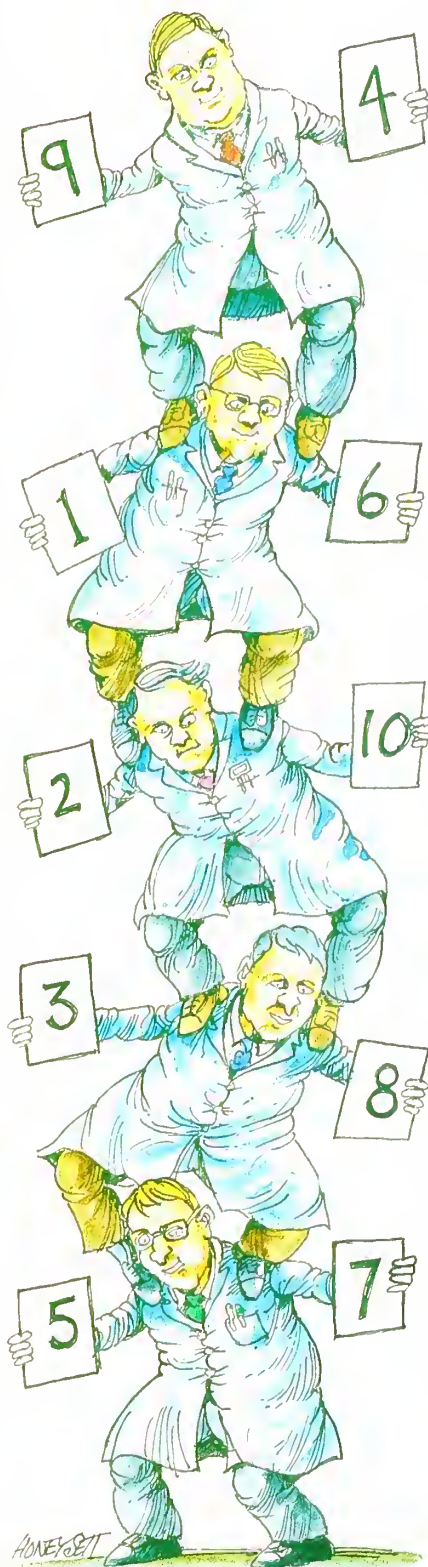
- Non-oat cell lung carcinoma
- Gastro-intestinal cancers
- Cancer of the cervix
- Head and neck cancer
- Melanoma
- Hypernephroma

For most of the curable malignancies the length of drug treatment is generally well defined, with one or two further treatments usually given following complete remission. It should be noted that complete remission simply indicates that no detectable trace of malignancy can be found, not that all the cancerous cells have been eliminated. When chemotherapy is being used as palliative therapy treatment times are more flexible, and if no satisfactory response is detected after about two or three treatments therapy is normally stopped.

Hormonal therapy

Some cancers are hormone dependant, and manipulating the hormonal environment may influence the viability of these cancerous cells. Hormone treatments are not usually curative, but can be nonetheless very useful modes of therapy, with prolonged and useful effects on relapse rates and symptom control. Therapeutic regimens using a combination of hormones with chemotherapeutic agents are common, with the hormonal therapy usually given before commencing the chemotherapeutic agent(s).

Later articles will deal with symptom control and management of drug toxicity, areas of increasing importance for pharmaceutical input.



Top 10 Medicines by Sector based on retail audit of Pharmacies
excluding Boots MAT to S090

| | |
|---------------|---------------|
| 1. Nurofen | 6. Migraleve |
| 2. Calpol | 7. Disprin |
| 3. Solpadeine | 8. Veganin |
| 4. Anadin | 9. Disprol |
| 5. Panadol | 10. Paracodol |

| | |
|---------------|--------------|
| 1. Benylin | 6. Venos |
| 2. Actifed | 7. Buttercup |
| 3. Covonia | 8. Tixylix |
| 4. Robitussin | 9. Hills |
| 5. Sudafed | 10. Famel |

| | |
|-----------------------|------------------|
| 1. Beecham Pdr Range | 6. Vicks |
| 2. Lemsip Total | 7. Medinite |
| 3. Night Nurse | 8. Coldrex Total |
| 4. Day Nurse | |
| 5. Benlyn Day & Night | |

| | |
|-----------------|---|
| 1. Gaviscon | 6. Milk of Magnesia (inc liquids and tablets) |
| 2. Asilone | 7. Bisodol |
| 3. Rennies | 8. Aludrox |
| 4. Maalox Total | 9. Altacite Total |
| 5. Setlers | 10. Actal Total |

| | |
|---------------|----------------|
| 1. Sudafed | 6. Dimotapp LA |
| 2. Sinutab | 7. Dristan |
| 3. Contac 400 | 8. Sine-off |
| 4. Mucron | 9. J. Martin |
| 5. Actifed | 10. Procol |

| | |
|----------------------|-------------|
| 1. Sanatogen | 6. Supradyn |
| 2. Haliborange | 7. Vitalia |
| 3. Seven Seas | 8. Vykamin |
| 4. Bencard Orovite 7 | 9. Booker |
| 5. Unichem | 10. Evans |

Realistic expectations

Having read in *C&D* last week of the 1991-92 remuneration offer from the Department of Health, some contractors may be somewhat surprised at their initial offer of 8 per cent. Contractors must now be aware from their own accounts that successive undersettlement accompanied by the escalating costs we now carry on behalf of the NHS, has resulted in a diminishing reward for our professional services.

The remuneration pattern since 1987 has been as follows:—

| Year | Settlement | % increase |
|------|------------|---------------|
| 1987 | 486 | |
| 1988 | 507 | 4% |
| 1989 | 517 | 2% (-1%)* |
| 1990 | 555 | 7.5% |
| 1991 | 600 | 8% (proposed) |

* In 1989 £16m has not been paid, converting the supposed increase that year to a 1 per cent reduction.

The loss of the cost base has resulted in reductions of profit and in real terms has negated the gross increases for the period. Our gross increases for the period average out at 3.8 per cent per annum resulting in a loss of £39 million from our base sum and a further £37.5m in discount clawback. Additionally we now fund, interest free, the drugs bill of some £200m per month — the banks would charge at least 16 per cent for this facility.

The Department's own figures for 1991-92 commit an increase in funding of 11.6 per cent gross, within which there is a 12.4 per cent increase for hospitals and community health services (HCHS). GPs will receive a 19 per cent increase towards staff costs and premises improvements in addition to their increase in remuneration.

For a profession that has saved the taxpayer some £2 billion since 1982 — an achievement

unequalled by any other health group — what have pharmacists done to merit the worst remuneration treatment in the primary health care team? We have responded positively to Government's health care initiatives, and we are ready to progress into the expanded role envisaged by the Government. However, it is apparent that the Department of Health has given low priority to its own criterion of motivation.

The Government has expressed confidence in the profession to undertake new and far reaching roles which will benefit both taxpayer and health service alike. I hope that this supposed confidence enables our negotiators not only to expect, but to achieve a realistic settlement for the forthcoming year. I wish them well in their endeavours on our behalf, and that the necessary financial motivation is forthcoming from our paymasters.

Dr. K.D. Watson
Sunderland LPC

Introductions

With reference to the comments on p28 of your January 12 issue, we are in fact a college which is pleased to take on pharmacists and introduce them to the practice and philosophy of herbal medicine. Indeed we have already worked with Ms Butterworth, MRPharmS, of Denton, Manchester, who tells me she greatly enjoyed our training and of course, it is tax deductible.

Should your subscribers want further information the College of Herbs and Natural Healing can be contacted at 25 Curzon Street, Basford, Newcastle-under-Lyme, Staffs ST5 0DP (tel: 0782 717383).

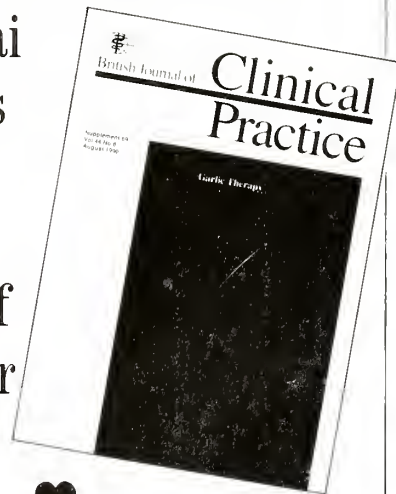
Kitty Campion



Paddy Gilbride (left), a Numark pharmacist from Cardonald, Glasgow, and winner of the recent final of the Numark/Aspro table tennis tournament, held at the Bellahouston Sports Centre in Glasgow, watches while fellow Glaswegian Stewart Bannerman receives the runner-up medal from Aspro's Alex John (right)

The first internationally peer reviewed, clinical trial data concerning a garlic product, to be published by a leading international medical journal.

The results of seven clinical trials on Kwai garlic tablets and their role in the prevention of cardiovascular disease.



Kwai® Highly Concentrated Garlic Tablets.

Lichtwer Pharma (UK) Ltd, Dominions House, 64 High St, Burnham, Bucks SL1 7JT

Mitigating tax fraud

From time to time, businessmen become involved in tax frauds and a statement has recently been issued about the practice of the Board of Inland Revenue in such cases.

It has been the practice for nearly 70 years that if tax-payers co-operate at the start of investigations they run less risk of prosecution and the Board may accept a money settlement instead of instituting criminal proceedings.

However, the Board will give no undertaking that they will refrain from instituting proceedings even if there has been full disclosure and confession from the outset. Nevertheless, in deciding whether to accept a money settlement or to issue proceedings it is their practice to be influenced by the behaviour of the tax-payer, and generally, the higher the degree of co-operation the more likely it is that leniency will be shown.

VAT mistakes

Even the best of us are going to make a mistake somewhere along the line with our VAT returns. They are something which, however inevitable, must be corrected quickly otherwise not only can the Customs charge interest at 13 per cent, they may also call for a financial penalty of 30 per cent of the VAT where there has been a "serious misdeclaration".

The misdeclaration penalty may be avoided by making a voluntary disclosure. This is done in one of two ways. If, at the end of the current period the net amount of under and overpayments discovered during that period is less than £1,000, the VAT account should be corrected for that period. When this is done interest will not be charged.

The second method of making voluntary disclosure is to send full details in writing to the local VAT office, this can be done at anytime. Unfortunately, interest will be charged if disclosure is made this way, but this is the only method which may be used if the errors total over £1,000.

If it comes to light that during a current period there have been underpayments in previous periods which are likely to total less than £1,000, a note should be made in the VAT records and an account made at the end of the period. If they are likely to be over that figure then disclosure should be made immediately.

POINTS OF LAW



"Is there any point in putting up a 'breakages must be paid for — don't touch me until I'm yours' notice? Yes, there is. If a customer has read such a notice then it is his or her fault if he or she breaks something."

Complaints against solicitors

In 1989 the Solicitors Complaints Board received nearly 18,000 complaints against solicitors. The Courts and Legal Services Bill which will be in force by the end of the year will allow the Board to award compensation of up to £1,000 where solicitors have not provided services of the quality "it is reasonable to expect from them". This will be in addition to the power to order refunds on work which was clearly unsatisfactory.

The Bill has also provided a legal ombudsman with greater powers than the former lay observer who left office at the end of 1990. The ombudsman will deal with complaints against the Solicitors Complaints Bureau — in 1989 the lay observer received nearly 350 — from users who did not believe they were getting a proper service from that organisation. However, not every quarrel with a solicitor over his

services need result in a complaint to the SCB being decided in your favour or that of the solicitors. Many of the complaints are made as a result of misunderstandings and could have been resolved more quickly and with much less ill feeling by conciliation.

With this in mind, the SCB has set up teams of local conciliation officers in regions throughout England and Wales. When a complaint is made on a matter which seems likely to be capable of resolution the Bureau will ask the solicitor and client if they are prepared to see if the matter can be reconciled. If so the case will be sent to the local conciliation officer who will himself be a solicitor.

Any settlement must be acceptable to both and the conciliation officer will explain the options open to both parties and try to get them to reach a settlement. The conciliation officer cannot impose a solution.

Forced sale?

One question which often worries retailers is whether they are obliged to sell an item in their shop. The answer is that apart from the sex and race discrimination laws they cannot be made to sell any particular item. A price tag on an item does not constitute an "offer" which the customer "accepts" by offering money. It is "an invitation to treat". The acceptance comes when the assistant takes the money and hands over the item.

This means that if an item is wrongly priced — say a hairdryer is ticketed at £39 instead of £89 — the customer cannot enforce a purchase.

Shop safety liability

Care must be taken to protect customers, it is no use leaving tins of sweets or electrical goods likely to overbalance on high shelves. If they do fall off and hit and injure someone on the way down then the shopkeeper will more than likely to have to pay compensation.

At the same time a customer is not free to damage your goods. So is there any point in putting up a "Breakages must be paid for — don't touch me until I'm yours" notice? Yes, there is. If a customer has read such a notice then it is his or her fault if he or she or a child with them breaks something. If there is no notice then they can at least argue, in the case of breakages by a child, that you could have asked them to leave and the fact you did not do so meant you accepted the risk.

If a child is running wild up and down the aisles then it is sensible to remind the adult with him that he is responsible for any damage.

Equal rights

The 1989 Employment Act has made a number of changes in employment. One has been the removal of an outmoded difference over statutory redundancy pay. Now, unless the normal retiring age for the job is under 65 and non-discriminatory, the entitlement of women is extended to the age of 65. The Act also contains provisions for limiting the union duties and training for which an employer must allow officials of a recognised trade union time off with pay. A copy of the Act can be purchased from all HMSOs and really is required reading.

BUSINESS NEWS

Ares-Serono buoyant

Ares-Serono have announced world sales of \$653.7 million against \$519.0m last year, an increase of 26 per cent. Pharmaceuticals sales for the year increased by 28.8 per cent to \$541.8m.

Fabio Bertarelli, chief executive of the group commented: "These results indicate a very strong sales performance for 1990, providing us with a compound annual growth rate of 33.5 per cent during the last five years".

While sales increases were achieved in all product lines on a geographical basis, strong sales growth in Europe compensated for lower sales growth in the USA.

One of the weaker areas for the company was OTC products, where sales actually declined slightly, from \$14.4m in 1989 to \$14.3m last year. However, in the diagnostic division sales increased by 16.5 per cent to \$97.6m, due to an increase in sales of immunoassay and haematology instruments worldwide.

Pharmaceutical sales were strengthened by the strong market penetration of Saizen, the company's genetically engineered recombinant DNA human growth hormone.

Animal testing Bill

The private members Bill proposing that products which have been tested on animals within five years, or which contain ingredients which have been tested, should be labelled "tested on animals", receives its second reading on February 8.

The proposal refers to animal testing carried out by any person in any place for any purpose.

The Department of Trade and Industry is reviewing the Trade Descriptions Act with regard to such claims as "not tested on animals".

Unichem spells out franchise plans

Unichem have revealed details of their franchising scheme and provided the first indication of the scale of the operation.

In the first of a series of countrywide meetings for prospective franchisees (C&D last week) Unichem's retail development manager Gerry Green said the company would purchase larger pharmacies for the scheme. There will be "very few" turning over under £250,000 "even in low cost parts of the country". In higher rent areas like the South East the minimum turnover is likely to be closer to £400,000.

Mr Green said the company wants people with "a bit of experience" as franchisees, describing them as pharmacists with around three years management experience and between 25 and 45 years old.

The scheme is designed to complement Unichem's existing purchase scheme, which provides pharmacists with funds at 1.25 per cent above base rate. Unichem's franchising scheme is intended to help pharmacists acquire businesses "beyond the means of mere individuals".

Unichem plans to buy businesses which fit its criteria, re-fit or remerchandise them and provide a corporate identity. However, the first step is to get potential franchisees on a register so they can be matched with the businesses as they are acquired.

The franchisee will go in as a manager for the first six months at around £18,000 to £20,000 a year *pro rata* once he or she has paid a £2,000 deposit. During this period the pharmacist will attend a one week business training course to prepare him to run his own business. Further training will be provided at regular intervals.

On day one of the franchise contract the franchisee buys all the stock, which will have been rationalised during the months under Unichem management. If this means borrowing, the plan is

for funds to be made available at 1.25 per cent above base rate. The franchise contract will be between Unichem and the pharmacist acting as a sole trader.

The franchisee is responsible for all the property costs — rent, rates, and service charges, and repairs and decorations. He or she will also pay Unichem a monthly turnover fee of around 8-10 per cent of turnover — though Mr Green says this is a "ballpark figure" and will be calculated on the value of the business. The franchisee is also responsible for employing the staff.

The pharmacist will be "a little more restricted to Unichem when franchising than when buying". The pharmacy purchase scheme commits the pharmacist to ordering the majority of his stock through Unichem; the franchisee will be expected to buy between 70 and 80 per cent from the wholesaler.

The Unichem scheme leaves the pharmacist free to buy the pharmacy after a minimum of 5 years, after which the pharmacist's stake in the business is realisable. If the franchisee has added a seventh to the value of the business and it is sold after five years, that seventh goes to the pharmacist.

Three franchisee pharmacies are due to open in February, and Spring will see the first pharmacists on training courses and the completion of the first re-fit. The company plans to have 25 pharmacies by July and 60 by January 1992.

R.P. Scherer have entered an agreement with Schering-Plough to develop one of their pharmaceutical products using Scherer's Zydis fast-dissolving dosage technology. Schering-Plough will pay Scherer to develop the product and will have the option of worldwide rights. Scherer will receive development and option fees as well as manufacturing sales and royalties.

Ciba-Geigy sales dip

Swiss chemicals and pharmaceuticals giant Ciba-Geigy reported a 4 per cent fall in turnover and a decline in net profits of 12 per cent for 1990. The company attributes the fall to adverse currency changes and when these are allowed for, sales volumes were actually up 4 per cent.

The company have not yet announced the effect on profits but these have been signalled as substantially worse than the 12 per cent decline reported for the first half of the year.

However, it is not the pharmaceuticals sector of the business which is thought to be behind these results; the company has been hurt by a weak performance in its dyestuffs and industrial chemicals division.

Lotteries OK

The sale of lottery tickets through pharmacies will not infringe the Royal Pharmaceutical Society's Code of Ethics, according to Mrs J. Wingfield of the Society's law department.

There had been a suggestion that pharmacists acting as agents for a major lottery planned for the Greater London area might be in breach of the Code (C&D last week). Mrs Wingfield says she cannot see any objection to the proposal.

PPLS grows

Provincial Pharmacy Locum Services, which now claims to be the UK's largest pharmacy locum agency, is opening a new office in Edinburgh on January 28.

The Scottish office will be run by pharmacist Ewan Cuthbertson, who has been appointed regional manager. The company will be attending Scotchem during March. Further details on services are available on 031-229 0900.

Evans/Wellcome vaccine deal goes through

"Evans is the one remaining UK human vaccines manufacturer," said managing director Steve Harris, announcing his company's formal acquisition of Wellcome's human vaccines business. The combined vaccines business of Wellcome and Evans will produce some 55 million doses of vaccine a year.

Announcing the completion of the £20m deal, both Wellcome and Evans, a subsidiary of Medeva, emphasised the importance of continuity of supply. "We recognise that the need for continuity of supply is paramount and our plan is for a transitional 18-month period, during which Wellcome will continue to manufacture at their Beckenham site," said Mr Harris. At the end of this period, production will be transferred to the Evans plant at Speke.

Around 100 new jobs are expected to result from the £4m development programme to accommodate the new vaccine businesses.

The vaccine ranges produced by Wellcome and Evans are largely complementary and the combined product line is said to cover almost all the traditional human vaccines. However, there is overlap with tetanus and diphtheria/tetanus vaccines, and Evans admit to having an

"obvious gap" in hepatitis vaccines. "This is regarded as a priority both by health authorities and by us," said Evans director of research and development Dr John Heap. "We are keeping in touch with research institutes round the world in this field."

The deal also passes on Wellcome's vaccine research programme to Evans who will be "picking up the research where Wellcome left off. Evans is not a fundamental research company; our R&D policy remains to develop established ideas," said Dr Heap.

Following the transitional period, Evans will be supplying most of the UK's childhood

vaccination programmes, though its MMR vaccine has not yet got a product licence. Until it does the company will be distributing the Merck vaccine.

Wellcome will continue its own research into AIDS, and the director of research, development and medical at Wellcome Dr Trevor Jones commented: "An AIDS vaccine is not just around the corner but still some way away". Evans have no AIDS vaccine development policy.

Mr Harris emphasised that until a further announcement is made Evans and Wellcome vaccines will continue to be supplied through existing channels.



Pharmacist Lesley Cooper, of Harts the Chemist, Hasland, is presented with the 5,000th AAH Healthcare Book by Nigel Green, marketing manager of the AAH Healthcare Centre, Kingswinford. The Healthcare Book was launched by AAH some 18 months ago

Taking the full-line

Numark wholesale member L Rowland & Co of Wrexham raised full-line wholesaler profits with Welsh Secretary David Hunt, when he visited the company.

They put to him an argument for profit differentiation between full-line and short-line wholesalers and emphasised the role of Welsh pharmacists to the industry.

Chairman of the company Rowland Cole said: "Mr Hunt was very interested to hear our point of view. It was a useful opportunity to be able to explain and discuss our concern at the apparent cream-skimming by short-line wholesalers that seems to be endorsed by current regulations."

Veterinary fees to increase

The Veterinary Medicines Directorate is proposing fee increases from April to make good a forecast increase in licensing costs for 1991-92 to £2.36 million.

VMD says that most of the increase costs are associated with additional work relating to the graded annual fee (GAF) which it proposes to increase by 0.04 per cent to 0.63 per cent. However,

replacement of GAF by a fixed annual fee or service charge for each product licence is currently being considered for 1992-93.

The proposed fee changes include an 8.3 per cent increase in the fee for a major product licence application to £13,000. Capital fees, wholesale dealers and manufacturers' licences will rise by an average of 8 per cent.

COMING EVENTS

Talking...

A South East Thames Region weekend residential course on pharmacist-patient communication will take place at The Swan Hotel, Tunbridge Wells on February 9 and 10.

The course tutors are Malcolm Aiken and Jas Malhi from Brighton Polytechnic and topics will include questioning, explaining and listening skills and non-verbal communication. There will be no charge for accommodation or meals. Details from Mrs Bridget Rankin, tel: 0892 543567.

Tuesday, January 29

Colchester Branch, RPSGB. Postgraduate Centre, Essex County Hospital at 5pm. "The provision of information to patients" — PMR systems and computer generated patient information leaflets.

Durham County Branch, RPSGB. Eden Arms Hotel, Rushyford at 8pm. "First aid resuscitation update" by Mr M. Smith (Coloplast).

Thursday, January 31

Somerset Branch, RPSGB. Postgraduate Centre, Musgrove Park Hospital, Taunton 7.15 for 8pm. Mrs Margaret Puxon, on Council.

South Staffordshire Branch, RPSGB. Stowe House, Lichfield, 7.30 for 8pm. First of five lectures on women's health.

West Metropolitan Branch RPSGB. Chelsea Department of Pharmacy, King's College, 6.45 for 7.30pm. "The curious history of contraception" by Dr D. Bailey, Welsh School of Pharmacy, Cardiff.

Friday, February 1

Hull Branch, RPSGB. Annual dinner dance at Grange Park Hotel, Willerby, 7.30 for 8pm.

Advance information

Applied Pharmacy Practice Learning Events. "Babycare — nutritional and medicinal perspectives" Adair Arms Hotel, Ballymena, January 29 and February 5, 7.30 for 8pm. Donna McDowell, tel: Belfast 650111 ext 761.

Institute for Optimum Nutrition. Workshop at the ION, 5 Jerdan Place, Fulham, SW6 on February 2, cost £39. Patrick Holford, tel: 071-385 7984.

North West Thames study day. "You and the patient" at Queen Elizabeth II Medical Centre, Welwyn Garden City, February 3, 10am-4pm. Claire Anderson, tel: 0865 742277 ext 27177.

International Spring Fair, NEC, Birmingham, February 3-7. TPS Ltd, tel: 081-855 9201.

Centre for Medicines Research and Management Forum. "Measuring the benefits of medicines — justifying the cost", February 4-5, London. Sandra Cox, tel: 081-643 4411.

BRIEFS

IDC Computer Systems Ltd of Prestwich, Manchester have ceased trading. The directors have not appointed a liquidator due to the lack of sufficient assets to be realised. IDC's Oralabel pharmacy system has been taken over by Business Systems Ltd of Preston (C&D last week, p99).

G and G Kynoch have completed the acquisition of the British Sterilizer Company. Kynoch is paying £560,000 cash, £200,000 deferred to June 30, for the company.

The Miles Group are moving to new offices in Cannock on January 28. Their address will be: First Floor, Churchill House, Hyssop Close, off Hemlock Way, Cannock, Staffs, WS11 2GA. Tel: 0543 504100.

Forum Food Brokers have amalgamated with Britannia Health Products. All manufacturing will be based at the Redhill, Surrey, offices. A spokesman for Britannia Health Products said there would be no changes to any of the company's products.

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ABOUT PEOPLE

Generous donations to charities continue

The call for companies to donate goods and medicines to a variety of good causes continues to be met.

Most recently, Milupa donated £23,000 worth of babyfood to the 16 truck "Kids at heart" convoy, which left for Romania from the London Palladium on Monday night (January 21).

A number of companies were particularly generous during the "season of goodwill". Last month, Milupa donated another £23,000 worth of goods to several fund raising efforts, including the first consignment of aid to Russia, and again, to Romania.

TV star Annela Rice's appeal to help 600 children in an orphanage in Siret, Romania, attracted help from many, including Sterling Health and Roche. Sterling Health donated cases of Panadol baby and infant and Milk of Magnesia, as well as Pandy Panadol, a four foot high soft toy panda. Roche donated 1,200 toy buses and 2,400 packs of Supradyn multi-vitamins, part of the 10,000 vitamin units donated by them to Romania in 1990.

Glaxo donated a lorry load of antibiotics to the "Operation Christmas child", a project to send aid to the orphans in Romania. It formed part of an eight vehicle convoy that left from Wrexham on December 14.

Smithkline Beecham's donation was a large consignment of medicines to the USSR, in response to an appeal launched by Lena Appeal, a charity that raises

medical aid for Soviet children. More than 10 tonnes of Parentovite injectable vitamins, Augmentin, Ampiclox and Tagamet went to children's hospitals in Byelonnissia, which was stricken by the radioactive fallout from Chernobyl.

With all the donations going to Eastern Europe, our boys in the

Gulf were not forgotten. The Royal British Legion's Christmas Forces Appeal was set up to ensure that some home comforts reached soldiers in the Gulf. Creightons contributed a delivery of their All Sports brand, a multi-purpose toiletries range that includes grooming and high factor sun protection lines.



Some 45 members of the Cardiff Branch of NAWP attended the Silver Jubilee dinner at the Park Hotel, Cardiff. Present (from left) were Marion Rawlings, past president RPSGB and one of the founder members of the Branch, Linda Stone, president RPSGB, Peggy Baker, president NAWP and Estelle Leigh, past president RPSGB



Four "high flying" Link users and guests recently winged their way to the British Airways Special Visits Centre at Hatton Cross to experience the thrill of "piloting" a Boeing 747... courtesy of AAH. The four winners, Brian Bloom, of Blooms Chemists, Leeds; David Hunter, Baddon Chemist, Stirlingshire; Mayur Patel, Castle Pharmacy, Windsor, and Christine Jones of Swansea also had an opportunity to visit the BA Engineering Centre

APPOINTMENTS



Merrills no 2 at DoH

Jon Merrills MRPharmS, a barrister of Middle Temple, has been appointed deputy chief pharmaceutical officer at the Department of Health in succession to Professor Noyce.

Mr Merrills, who is a graduate of the University of Nottingham, entered the Department of Health in 1983 following a career in community pharmacy. His career within the Department has utilised his experience to provide advice on most aspects of pharmacy practice. Prior to his promotion, his main areas of interest have been remuneration, and the law and ethics of practice.

Vitabiotics Ltd have appointed Colin Bloomer as marketing director. He was previously sales director at Regina Royal Jelly Co. Robert Taylor is appointed as public relations officer.

The Royal Pharmaceutical Society has appointed Mrs Susan Marsh, LLB, barrister at law, as head of the law department in succession to Mr Gordon Appelbe who leaves on February 8. Mrs Marsh has worked as a legal advisor in the Attorney General's chambers and the Ministry of Defence.

Ultra Glow Ltd have appointed Graeme Riddick as sales director. He was previously sales manager.

Healthlife Ltd have announced the promotion of purchasing manager Paul Dove to operations director.

DEATH

Alexander Will MacDonald, MRPharmS. *Mr A.F. Leighton Thomas writes:* "Mr MacDonald died at Prince Philip Hospital, Llanelli on December 27, 1990 at the age of 83. He registered in 1931, and retired during the 1970s after having been engaged in retail pharmacy at Town Hall Square, Llanelli for more than 30 years. He leaves a widow."

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Our prestigious venue for Scotchchem '91 will be the magnificent MacRobert Pavilion, situated in the Edinburgh Exhibition and Trade Centre complex and easily accessible from road, rail and air links.

PRODUCT RANGE

A wide variety of beauty, pharmaceutical and associated retail products will be on show at Scotchchem, incorporating bodycare and health care products for the whole family. OTC remedies, medicines and generic pharmaceuticals will be on show alongside a comprehensive selection of toiletries, cosmetics, fragrance, photographic products and reading glasses. Computer systems, shopfitting ideas, wholesalers and financial services will all be represented.

MEET THE PRESS

Scotchchem sponsors, Chemist & Druggist, as well as Beauty Counter and Community Pharmacy will all have stands at Scotchchem.

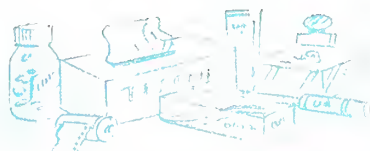


NPA
The National Pharmaceutical Association will be at Scotchchem to offer advice and assistance on the services offered to retail pharmacists.

Brochures will also be available.

"FREE COMPUTER"

Everyone who registers at Scotchchem will automatically go into the free draw for a computer and printer. This 'state of the art' IBM compatible computer is easy to use & will run the latest patient medication and labelling system software packages. Don't miss this excellent opportunity.



HOW TO GET THERE BY CAR

The centre is well signposted on the A8 dual carriageway which runs between Edinburgh and the Newbridge Interchange, linking the following motorway networks—the M90 to the North—the M9 to the North West—the M8 to the West and the M8-M74-A74 leading to the South. Free car parking for 20,000 cars is provided at the Centre.



BY BUS & COACH

Services every fifteen minutes from Edinburgh, to a variety of destinations in Central Scotland, pass within 5 minutes walk of the Exhibition Centre.



In addition to the public transport service, MGB has arranged for a special coach service to be provided from Glasgow, Edinburgh Station and Newcastle.

BY RAIL

Edinburgh is served by frequent Inter-City and other rail services from all parts of the country. Over 200 trains arrive daily at Waverley Station, only six miles from the MacRobert Pavilion.

BY AIR

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